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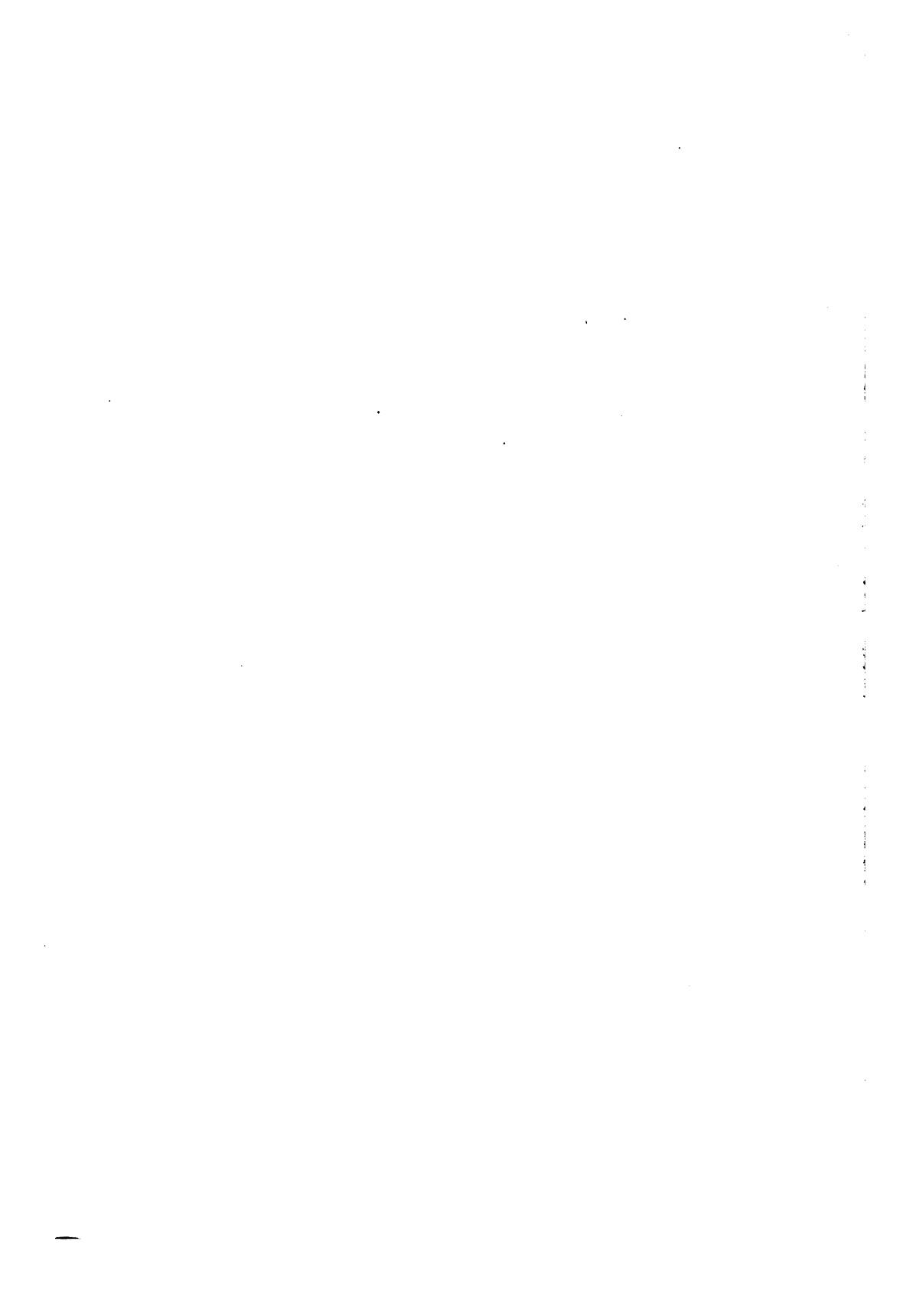
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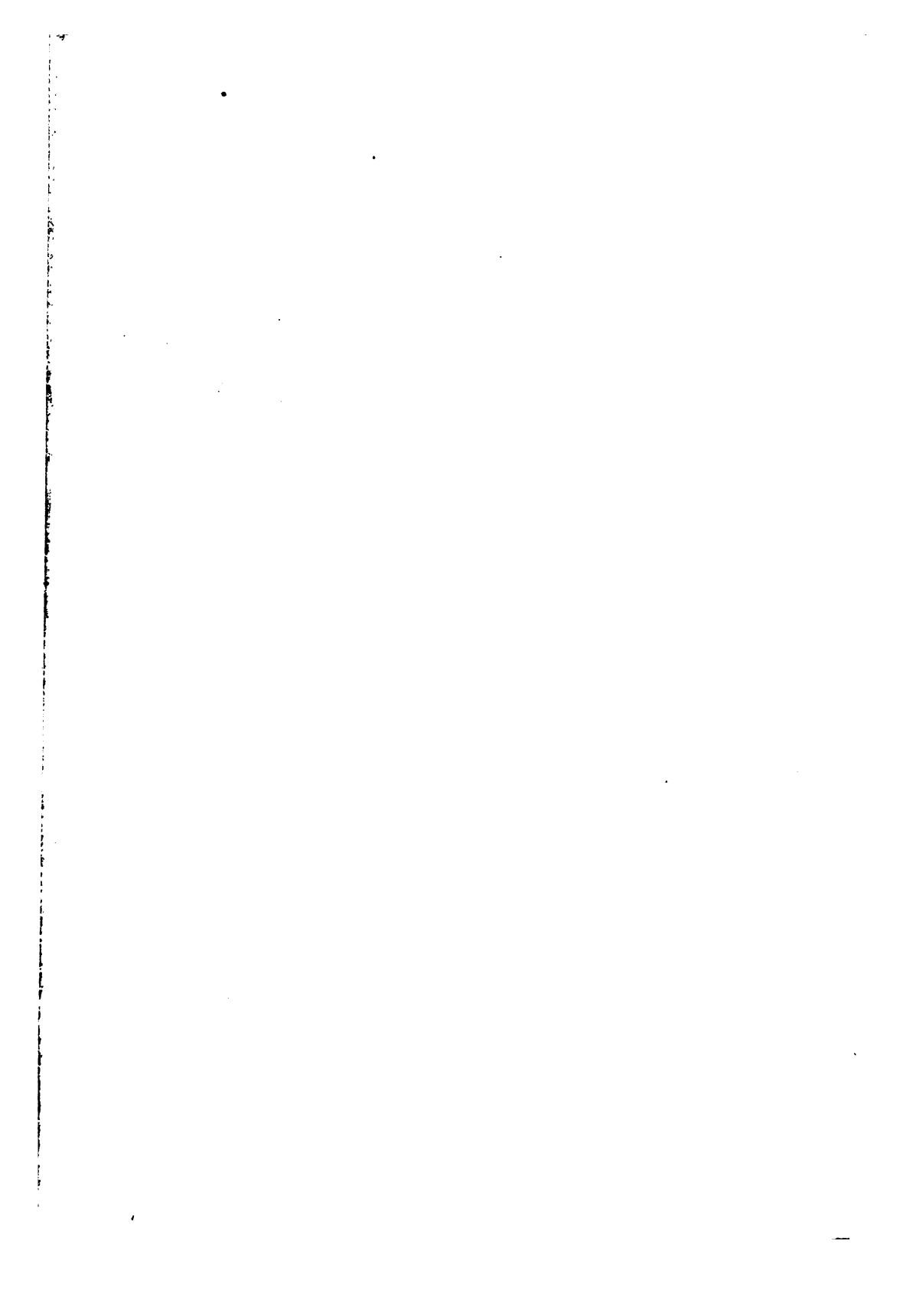
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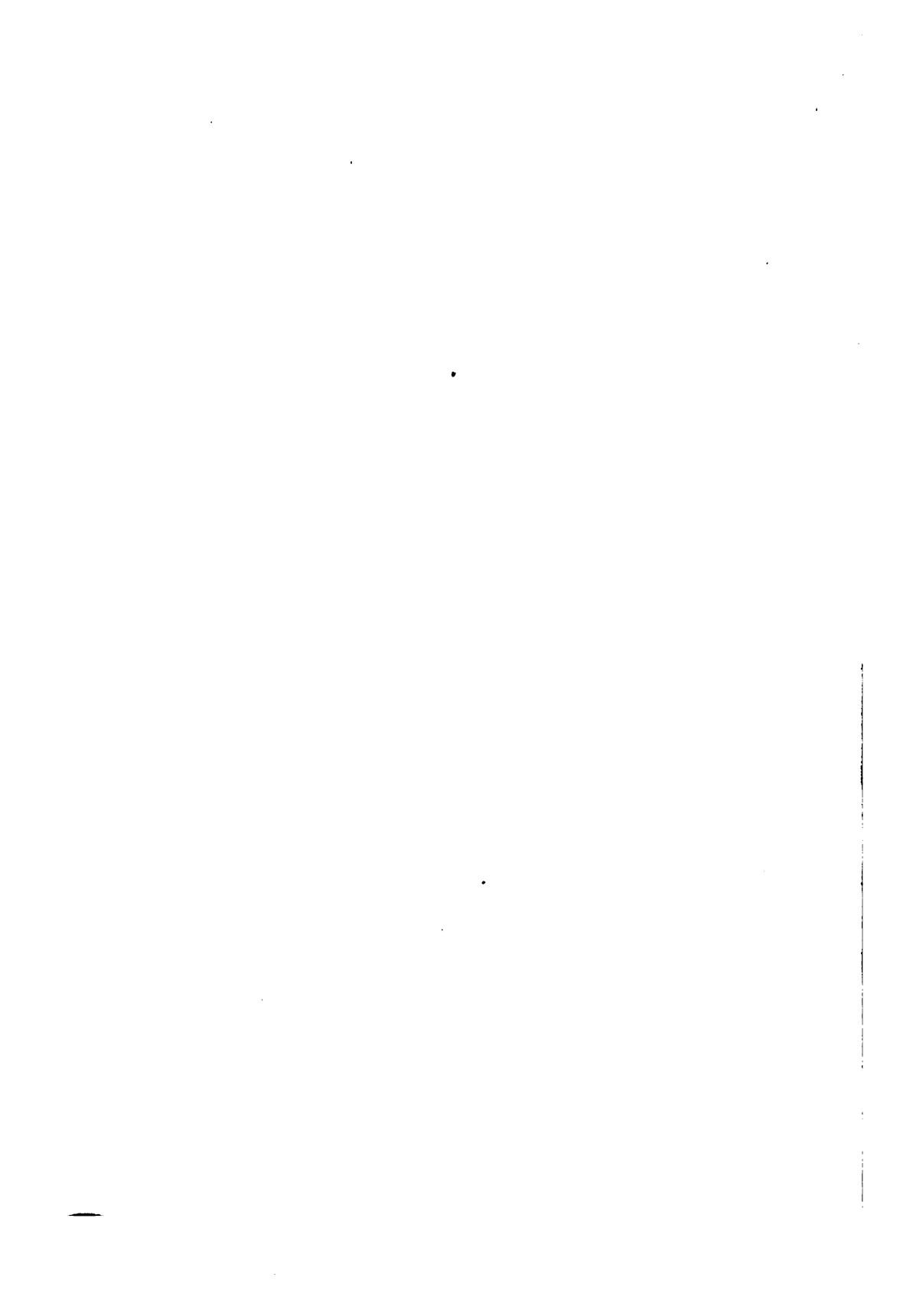
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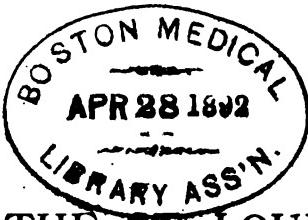
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Original Contributions.

FOUR CASES OF SYPHILITIC CHANCRE OF THE TONSIL. By  
CHARLES SZADEK, M. D., Kieff, Russia.

Four cases of syphilitic chancre of the tonsil, which I have had personally the opportunity of observing the last five years, form the basis of the following communication. Before I proceed to the brief description of these cases, I beg leave to give as concisely as possible a review of the literature of the subject:

The first authentic case of initial lesion of the tonsil, was reported in 1854, by *Mortallier*,<sup>1</sup> who describes a case of syphilitic chancre of the right tonsil in a woman thirty years old; the mode of infection was in this case obscure; subsequent symptoms followed in the usual time. In 1858, *Dufour*,<sup>2</sup> gave a brief note on two cases of chancre of the soft palate and right tonsil. However, general attention was first called to the subject by the publications of *Rollet*<sup>3</sup> and *Diday*.<sup>4</sup> *Rollet* mentions four cases of syphilitic chancre of the right tonsil, all in the same family: in a boy of fourteen years old, in two sisters, aged twelve and twenty years, and in a grandmother, aged fifty-nine years. *Diday*, in his remarkable study of syphilitic chancre of the tonsil, details eight cases with sec-

<sup>1</sup> *Mortallier*, De l'angine Syphilitique. Thèse, Paris, 1854, page 48, Observ. X.

<sup>2</sup> L'Union Médicale, 1858, 28, page 110, Observ. VII. and VIII.

<sup>3</sup> Arch. Génér. de Médecine, 1859, I, February, March, April.

<sup>4</sup> Annales de la Société des Sciences Médicales, de Lyon, 1861-62, I, page 45.

ondary manifestations of syphilis following. In 1864, *Koebner*<sup>5</sup> also describes two cases of chancre of throat in two women, aged forty-four and fifty-one years. *Viennois*,<sup>6</sup> *Gaudonin*,<sup>7</sup> *Lewin*,<sup>8</sup> *Dembicki*,<sup>9</sup> *Victor de-Meric*,<sup>10</sup> *Spillmann*,<sup>11</sup> *Hardy*,<sup>12</sup> and *Wigglesworth*,<sup>13</sup> report single observations of a similar character. Cases of hard chancre of the throat, that is tonsil, transmitted by means of the catheterization of the Eustachian tube, are reported by: *Edouard Fournier*,<sup>14</sup> *Bucquoy*,<sup>15</sup> *Vajda*,<sup>16</sup> *Alfred Fournier*.<sup>17</sup> *Burov*<sup>18</sup> has lately collected all these cases. This author further reports five cases, in which the mode of infection occurred also by means of the unclean ear-catheter. Cases of chancre of the tonsil were subsequently related by: *Hulot*,<sup>19</sup> *Barthélémy*,<sup>20</sup> *Schirajew*,<sup>21</sup> *Leturk*,<sup>22</sup> *Roussel*,<sup>23</sup> *Merklen*,<sup>24</sup> *Gladert*,<sup>25</sup> *Morel-Lavallée*,<sup>26</sup> *Rabitsch*,<sup>27</sup> and *Huc*.<sup>28</sup> In a very valuable paper on the accidental transmission of syphilis, *Celso Pellizzari*<sup>29</sup> reports five cases of this localisation of syphilitic chancre. *Boeck*<sup>30</sup> and *Legendre*<sup>31</sup> have also described a series of thirteen cases of syphilitic chancre of the tonsil.

5 *H. Koebner, Klinische Experimentelle Mittheilungen aus Dermatologie und Syphilidologie, Erlangen*, 1864, pages 54 and 61.

6 *A. Viennois, Recherches sur la Contagion de la Syphilis Secondaire Thèse, Paris*, 1860, page 66.

7 *L'Union Médicale*, 1869, 43, pages 553-556.

8 *G. Lewin, Die Behandlung der Syphilis auf Subcutaner Sublimat injectionen, Berlin*, 1879, pages 103-104.

9 *Przeglad Lekarski*, 1873, 41, page 337.

10 *British Medical Journal*, 1874, January 24.

11 *Revue Médicale de l'Est*, 1878, 10, pages 292-295.

12 *Gazette des Hôpitaux*, 1878, 105, pages 833-835.

13 *Archives of Dermatology*, 1879, V, October, pages 374-375.

14 *Gazette des Hôpitaux*, 1863, 74.

15 *L'Union Médicale*, 1865, 89, pages 191-192.

16 *Viertelj. f. Dermatologie und Syphilis*, 1875, page 124.

17 *Leçons sur la Syphilis*, 2d edition, 1873.

18 *Monatsschrift für Ohrenheilkunde*, 1885, 5, pages 129-138.

19 *Annales de Dermatologie et Syphiligraphie*, 1879-80, X, pages 29-56.

20 *Annales des Maladies de l'Oreille et du Larynx*, 1880, VI, pages 316-319.

21 *Vierteljahrsschrift f. Dermatologie und Syphilis*, 1881, page 127.

22 *Wratsch*, 1881, 2, page 29.

23 *Roussel, De la Syphilis Tertiaire dans la Seconde Enfance et chez les Adolescents, Paris*, 1881, page 78, *Observ. XXI.*

24 *Annales de Dermatologie et de Syphiligraphie*, 1881, pages 673-676.

25 *Berliner Klinische Wochenschrift*, 1882, 49.

26 *Annales de Dermatologie et de Syphiligraphie*, 1883, 1, pages 39-40.

27 *Gazzetta degli Ospitali*, 1883, page 218.

28 *France Médicale*, 1883, 62, page 752.

29 *Celso Pellizzari, Della Transmissione Accidentale della Sifilide, Milano*, 1882, pages 50-51.

30 *Tydskrift for Praktisk Medicin*, 1883, 18; 1855, 15, 16.

31 *Archives Générales de Medicine*, 1884, 1, 3.

In a paper published in 1884,<sup>32</sup> I gave the details of three cases of syphilitic initial lesion of the tonsil. In this paper, I referred also to the literature of the subject, and gave a brief review of the authentic cases on record; the number of cases previously reported was more than sixty.

In the course of the last six years (1885–1890) a considerable number of cases of tonsillar chancres have been reported. In 1884–85 appeared the reports of *Wogolubow*<sup>33</sup> (one case), *W. Taylor*<sup>34</sup> (five cases), *Haslund*<sup>35</sup> (two cases), *Knight*<sup>36</sup> (two cases), *Graurud*<sup>37</sup> (three cases), *Donaldson*<sup>38</sup> (one case) and *Tomaschewski*<sup>39</sup> (three cases). Subsequent cases of this lesion were related: In 1886 by *Malm*<sup>40</sup> (five cases), *Lancereaux*<sup>41</sup> (one case) and by *Taylor*<sup>42</sup> (one case); in 1887 by *Belousow*<sup>43</sup> (five cases), *Gaudicheau*<sup>44</sup> (one case), *Haslund*<sup>45</sup> (two cases), *Gluck*<sup>46</sup> (one case), and by *Margoninner*<sup>47</sup> (one case).

During the last two years a new series of hard chancres of throat and tonsil was reported by the following observers: *Reynolds*<sup>48</sup> related a case of chancre of the left tonsil; *Petersen*<sup>49</sup> had met with one case of syphilitic chancres of the right tonsil in a merchant thirty-five years old; the mode of infection was obscure, subsequent symptoms followed in the usual time; *Broich*<sup>50</sup> gives in detail one case of hard chancres of the anterior arch of the left palate, occurring in a woman forty-seven years old; *Elliot*<sup>51</sup> reports a case of early rupia in an artist's model, twenty years of age, in whom the probable and

32 *Medjitsinsky Viestnik*, 1884, 28–33, 36–42.

33 *Medic. Append. to Marine Journal*, 1884; May (V. case).

34 *New York Medical Journal*, 1888, XXXIX, pages 277–279.

35 *Hospitals-Tidende*, 1885, 27, pages 629–639; *Monatsh. f. pract. Dermatol.*, 1885, 12, page 456.

36 *New York Medical Journal*, 1884, XXXIX, page 662.

37 *Tydskrift for Praktisk Medicin*, 1885, 20.

38 *Medical News*, Philadelphia, 1885, XLVII, f., pages 178–176.

39 *Wiener Medizinische Presse*, 1885, 30, 31, pages 34–36.

40 *Norsk Magazin for Lægevidenskunde Kristiania*, 1886, 10 pages 714–719.

41 *Gazette des Hôpitaux*, 1886, 21.

42 *Transactions of the New York Academy of Medicine*, XV, pages 271–274.

43 *Medicinal Review*, 1887, 21.

44 *Journal de Médecine de l'Ouest. Nantes*, 1887, XXI, pages 88–95.

45 *Hospitals-Tidende*, 1887, 10, pages 217–221.

46 *Przeglad Lekarski*, 1887, 10, page 216.

47 *Monatshefte für Praktische Dermatologie*, 1887, 11, pages 497–498.

48 *Philadelphia Medical Times*, 1888, 528, pages 821–822.

49 *Monatsh. f. Prakt. Dermatologie*, 1888, f. pages 315–317.

50 *T. von Droich Ueber Extragenitale Initialsklerosen*, Inaug. Dissert. Bonn. 1888, pages 50–51.

51 *Journal of Cutaneous and Genito-Urinary Diseases*, 1888, 9, pages, 334–336.

presumable point of infection was the ulcer of the left tonsil; *Morel Lavallée*<sup>52</sup> and *Fröhlich*<sup>53</sup> give the details of a case of initial lesion of the pharynx. At a meeting of the New York Dermatological Society on December 19th, 1888 *R. A. Taylor*<sup>54</sup> presented a case of syphilitic chancre of the tonsil; in the discussion which followed *Bronson*, *Bulkley*, *Allen*, *Sherwell*, *Sturgis* and *Fox* stated that they had seen together thirteen cases of this lesion, *Lindstroem*<sup>55</sup> reports two cases of chancre of the tonsil; in the first case the patient was a soldier aged twenty-four and the other a boy eleven years of age; in both cases secondary symptoms followed. At a meeting of the Pesth Medical Society *Rona*<sup>56</sup> presented a case of hard chancre of the right tonsil in a child-fourteen weeks old, with following macular exanthem on the body; this case was mistaken for diphtheritic angina, for which the patient was scientifically treated during several days.

The most recent observations of chancre of the tonsil were reported by *Vidal*<sup>57</sup> (one case) *Wroich*<sup>58</sup> (one case) *Ehrmann*<sup>59</sup> (four cases) and by *Pospelow*.<sup>60</sup> The last author says that he himself has seen during ten years forty-six cases of this lesion!

During the last four years of my private practice, I have observed the following four cases, in which a well-marked syphilitic chancre occupied the surface of the right tonsil.

CASE I.—The first patient was a married man, thirty-two years old, who could not give any cause for the disease. It first made its appearance in October, 1886. On examination, I found that the right tonsil was much swollen and presented on its entire surface a deep ulceration with a grayish pultaceous secretion. There was no other lesion elsewhere. The submaxillary adenitis was enormous. The true diagnosis was strengthened six weeks later, after the appearance of a generalized papular axanthem on the trunk and extremities.

52 *Virchow's Jahresberichte pro.* 1888, II, 2, page 650.

53 *Allgemeine Wiener Medizinische Zeitung*, 1889, 8, page 79.

54 *Journal of Cutaneous and Genito-Urinary Diseases*, 1889, 2, pages 66-67.

55 *Archiv. f. Dermatologie und Syphilis*, 1890, 4-5, pages 700-701.

56 *Pester Medizinisch-Chirurgische Presse*, 1889, 18, page 441.

57 *Archiv. f. Dermatologie und Syphilis*, 1889, 6, page 883.

58 *Archiv. f. Dermatologie und Syphilis*, 1890, 4-5, page 512 (IX case).

59. *Wiener Medicinische Wochenschrift*, 1890, 18, 19, pages 737-793.

60 *Archiv. f. Dermatologie und Syphilis*, 1889, 1, pages 78-94.

CASE II.—The second case I observed in an unmarried man, aged forty years, who came under my treatment June 8, 1888. He was robust and strongly built, and stated that his health had always been perfectly good up to the beginning of this attack. In the beginning of March, 1888, his throat began to be painful, and the right tonsil was found to be enlarged and ulcerated. These symptoms resisted the treatment which was applied; the glands on that side of the neck began to enlarge in a few days, and to be followed by those on the other side. In the middle of May he first noticed a papular eruption on the face and then on the body. On examining the throat, I found a vast ulceration of the right tonsil, irregular in outline, but beginning to cicatrize; the affected tonsil was indurated and enlarged. There was no sign of a primary lesion upon the genitals or elsewhere upon the body. The submaxillary and post-auricular glands were considerably enlarged and hard; the cervical and axillary glands were also enlarged, although to a slighter degree. The body, forehead, scalp, face and extremities were the seat of numerous papules and scales; there was alopecia syphilitica. Ordered treatment with hypodermic injections of salicylate of mercury. After fifteen injections the exanthem had almost disappeared and the ulcer of the tonsils had completely healed.

CASE III.—The third case of chancre of the right tonsil was in a day laborer, aged forty years. He was seen by me in the middle of May, 1890. The patient had previously had no venereal disease and is a very robust man. In the beginning of May, 1890, his throat began to hurt and swell; the right tonsil was tumefied on its middle surface, and there was an ulceration with clearly defined borders, covered with a blackish patch of sphacelic aspect; the surrounding tissues were thickened and gave to the finger the sensation of ligneous consistence. The submaxillary adenitis was enormous and slightly painful. Ordered mercurial treatment externally and internally. After two weeks a macular exanthem on the body and adenopathia universalis appeared.

CASE IV.—The fourth case I observed in a man aged twenty-five years, who consulted me August 7th, 1890. He had never before suffered from any form of venereal disease. The affection of the throat was noticed four days before. An

examination of the throat brought to view a deep ulceration, irregular in outline, occupying the right tonsil, which was indurated. The submaxillary glands were enlarged and painful; no other adenopathy was found. There was absolutely no sore on the penis or elsewhere, nor had he ever had such; also no eruption. Tannate of mercury, one grain three to four times daily, was ordered. In the middle of September, 1890, followed an enlargement of other lymphatic glands, and a papular exanthem appeared. The patient remained two months under specific treatment, but without the prompt effect upon the ulceration of the throat, which resisted the treatment a long time, and was hardly healed in the middle of October.

The precise history of infection was wanting in all these cases, and the mode of syphilitic infection was not discovered, but the diagnosis could be easily made in three of the cases from the appearance of the initial lesion. The striking facts were that in all the cases the patients were all men, and all presented the affection on the right tonsil. In three cases, a well-marked induration persisted at the site of the primary lesion. In each of these cases there followed, in the usual time, a macular or papular exanthem and other secondary symptoms of syphilis. With regard to the mode of infection, I am disposed to suppose that the syphilitic inoculation of the tonsil is most often effected by means of the contaminated saliva, and not by direct contact.

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THE METHOD OF EXTRA-ABDOMINAL INTESTINAL SURGERY APPLIED IN HERNIOTOMY IN TWO CASES WHERE THE INTESTINES WERE GANGRENOUS FROM STRANGULATION. RECOVERY OF BOTH PATIENTS. By WALDO BRIGGS, M. D., Professor of Clinical Surgery and Genito-Urinary Surgery, Beaumont Hospital Medical College.

Some months ago I described in these pages a method of intestinal surgery to which, for lack of a better, I gave the name of Extra-abdominal, since its principal feature consisted in maintaining the wounded intestine outside of the abdominal cavity until I was satisfied that union of the severed parts had taken place. The method included other novel features,

not necessary to recapitulate here. Up to the time of the appearance of that article my operations had been experimental only, and had been made upon dogs and other animals, but they had been so remarkably and uniformly successful that I awaited an opportunity to apply the method to the treatment of intestinal wounds in the human subject. Two such opportunities soon presented themselves — one of intussusception and the other of mechanical obstruction of the bowels, and in both cases I operated after the method outlined in my first article. Both patients recovered in a very short space of time, and with scarcely a rise of temperature. These cases will be reported hereafter along with others of a similar nature.

The object of the present article is to describe the application of the method to herniotomy in cases of strangulated hernia with gangrenous gut — a condition which the surgical records of the past have shown to be almost hopeless under all methods of operating hitherto employed. That most commonly, indeed almost universally employed, consisted of enterectomy, and removal of gangrenous portion, uniting the ends, and immediate replacement of the intestine in the abdominal cavity. Sometimes the gut was incised and stitched to the surrounding structure, thus establishing an artificial anus. In the first operation, recovery was very rare, as proven by statistics of both European and American operators. The latter, while more favorable to life, was accompanied by the danger of the absorption of the gangrenous matter, and in cases of recovery the artificial opening was a perpetual source of suffering to the patient. The continued discharge of faecal matter being a constant source of annoyance and discomfort. No pad, or other means yet devised, that I am aware of, is really successful in retaining the discharge and giving the patient anything approaching true comfort.

Such being the facts, I think I am justified, by the results in the two cases reported below, in offering the extra-abdominal method as a comparatively safe and certain substitute for all the older operations.

CASE I.—A. B., male, thirty-five years old, sustained an inguinal hernia several years ago, but had suffered very little inconvenience therefrom. The hernia was easily reducible

and was restrained by a truss, which latter he was in the habit of removing on retiring at night. One night some weeks ago, while having intercourse with his wife, the intestine slipped through the ring (as it had frequently done previously on similar occasions), occasioning no pain and no apprehension. Later on, he attempted to reduce the hernia and failed, and in this condition dropped off to sleep. The next morning he awoke with considerable pain, and again attempted reduction of the tumor, but failed, and I was summoned. On arriving, later in the day, I found evidence of strangulation. Taxis was tried unsuccessfully, and finally herniotomy was determined upon. On opening the sac, I found it to be merely an enterocele. The intestine was greatly congested and darkened, and I concluded to retain it outside. After freely dividing the ring, I ordered cloths wrung out of warm water to be continuously applied to the loop of intestine, and returned about one hour later to find that the greater portion of the gut had regained its normal appearance, but that a spot about the size of a silver twenty-five-cent piece was undoubtedly dead. On closer inspection, I discovered a perforation at this point. I at once removed the necrosed tissue with the scissors and united the edges with Lembert sutures. I then covered the line of excision with membrane taken from beef kidney (see ST. LOUIS MEDICAL AND SURGICAL JOURNAL, Vol. LIX, page 9), and within two hours the attachment of the latter and the intestine was complete. The gut was retained outside by my method for fourteen hours, when, finding that the parts retained a normal appearance and union seemed complete, the intestine was returned to the cavity and the external wound closed in the usual manner. Recovery was rapid and complete. At no time was there any appearance of shock, and the temperature from first to last never went above 99.5° F.

CASE II.—M. N., female, sixty years old, suffering for many years with a femoral hernia of left side. Strangulation had occurred two days previously to my being called into the case.

On my first visit, I found the patient suffering intensely. There was an almost continuous vomiting of stercoraceous matter. On examination, I found that immediate operation

was necessary, and an incision of sac laid bare an omental mass about the size of the adult human hand, very much decomposed. This was ligatured and removed, and the ring incised. The intestine, on being withdrawn, was found necrosed for about two inches—completely gangrened. The gangrened portion was at once excised and the ends united with fine silk by Jobert's method. Beef membrane was applied, as heretofore described, and the pins which were placed in position to hold the intestine outside were passed through the side of the sac and omental plug. On the next day, an ulceration was discovered about a quarter of an inch from the line of junction, through which faecal matter was oozing. I at once incised, leaving open, with the expectation of uniting when a perfect line of demarcation had formed. The urgent symptoms of strangulation were relieved by the operation. In the course of a few hours, the intestinal wound was firmly closed, and the gut returned to the cavity. The patient made a complete and rapid recovery, and while during the first few days the pulse was rapid, varying from 112 to 120, at no time did the temperature go above 99.5° F. Two weeks after the operation the patient was sitting up, and she is now attending to her household duties as usual.

I would in conclusion lay great stress upon the necessity, in such cases, of a free division of the constriction. It should be considerably freer than is usual in herniotomy operations as generally made. The object of this departure is to give plenty of room for swelling of the intestine. I would also suggest the use of perfectly fresh membrane, and that the latter be placed in warm water, slightly carbolized, before application to the gut. The result of my further experiments, made since my first report, has convinced me that beef membrane is preferable to that of the sheep or other domestic animal. The sick room should be kept at a temperature of about 80° F., and the intestine covered with glycerine, over which is placed a quantity of absorbent cotton. If deemed desirable, a framework of wire or other material may be used to protect the wound and the dressing from the bed-clothing, though the temperature of the room should be such that but the slightest of covering should be necessary.

**ABSCESS OF THE MIDDLE EAR.\*** By ROBERT BARCLAY, A.M.,  
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To apply as faithfully as possible the teaching of popular treatises on Otology, and nevertheless meet with unfortunate results in the treatment of abscess of the middle ear, or to witness this discouraging mishap in the practice of a brother physician, may reasonably arouse our determination to discover in what the misunderstanding consists; for that there is a misunderstanding somewhere, between the teachers and the taught, there is scarcely a reason to doubt.

There is one precept of procedure in the management of abscess of the middle ear, commonly found in these works, to which, doubtless, the majority of fatal cases of this trouble may be attributed: We are taught that in cases of abscess of the middle ear, where the membrana tympani is bulging more and more, the tympanic secretion increasing, the intense pain and constitutional symptoms becoming aggravated, medicinal treatment having failed to relieve, paracentesis of the membrana tympani is indicated, and that *the choice point therefor is in its posterior-inferior quadrant, unless some other point protrude very greatly.* The precept is commonly stated in language equivalent to if not identical with that italicized above.

There is an accepted surgical precept hidden in this vague, exclusive rule — a grain of wisdom, a maxim of life-saving force, obscured by this popular formula; and the question whether the previous technical knowledge and practical experience with this trouble have taught the medical attendant this masked truth is one upon which depend life or death for the patient.

In dealing with any abscess it seems to be an accepted surgical precept to determine, first, its extent and *nidus*, and then, operation being indicated for the relief of pent-up secretions, to drain it, if possible, from the *nidus*, by the lowest and shortest route consistent with prudence and advantage under the circumstances, through soft parts if possible. There seems to be no cogent reason for considering abscess of the middle ear an exception to this, or for thinking that it should be "*whittled at*," as it were, upon any other

\*Read by title at the annual meeting of the Medical Association of the State of Missouri, Excelsior Springs, May 6, 1890.

principles than these. Yet the popular rule for paracentesis of the drum-head in such cases, while perfectly intelligible to the expert, is unfortunately misleading to others, and for that reason, which we will now endeavor to analyze, the truth and assistance obscured in it should, for the benefit of all practitioners, be otherwise and explicitly formulated.

In grave and fatal cases of abscess of the middle ear, the *nidus* of the inflammation is almost invariably in a site from which free drainage cannot be established by paracentesis of the posterior-inferior quadrant, or any other part of the *membrana vibrans [tensa]* *membrane tympani*. And, although in such cases, an operation at the former site *may*, but usually *does not*, afford temporary relief, yet it almost invariably induces an aggravation of the inflammation at the *nidus*, with intensification of its attendant subjective and objective phenomena, frequently, if not usually, hastening a fatal termination of the disease. Operation at this site is therefore inconsistent with the interests and safety of the patient.

Abscess of the middle ear, where the *nidus* is in the atrium, may often be promptly and permanently relieved by paracentesis of the *membrana vibrans*, especially at the posterior-inferior quadrant, but provided only that it has not already led to the establishment of an attendant purulent inflammation of the spaces of the malleo-incudal niche or outer attic gallery. Even here the operation on the *membrana vibrans*, but not on it alone, may be indicated; if done on the former alone, lulling suspicion by its probable temporary relief, only to disappoint, it may be to confuse or discourage, by its consequent intensification of the inflammatory process elsewhere, still neglected.

But it is mainly to that form of abscess of the middle ear whose *nidus* is in the spaces of the malleo-incudal niche, *ab initio*, that your special attention should be addressed, and against which you should be warned to be eternally vigilant. In these peculiar spaces: the space of Prussak, the spaces overlying it, first and best described by Politzer, the variegated and inconstant communications between these mutually as well as with the antrum mastoideum, atticus tympanicus, posterior pouch of Trötsch, and the atrium tympanicum—in these is born and fostered the aural abscess that most insidi-

ously and most frequently proves obstinate, destructive, and fatal, if neglected at the outset. This opportunity graciously accorded me is so limited as to preclude even a brief description of anatomical details of that important region.

For an exhaustive study of the malleo-incudal niche, from standard literature on the subject, or by its laborious dissection on the cadaver, you will be amply repaid by the mastery that this acquired knowledge will give you over the most difficult surgical region of the human ear, the malleo-incudal niche. In the light of that knowledge you will learn to differentiate in diagnosis the inflammation of this region, an extremely dangerous disease, from that of the atrium tympanicum below, more painful perhaps but less dangerous; and with this differential diagnosis you will locate and watch the trouble there, bearing in mind that the disease may become grave or even fatal from pent-up secretions, before distinct bulging of the membrana flaccida can be determined by ocular inspection. Drainage, even early, from this region is poor and difficult at best, but is only possible by free incision through the membrana flaccida into the aforesaid spaces, the incision being made at a point of the membrana flaccida, to which experience, or acquaintance with the anatomy of the malleo-incudal niche, will alone direct you. And as you become more and more familiar with this operation, see the brilliant and happy results attending its thorough performance at the proper time, and find the grave and fatal cases disappear from your records, you will duly appreciate the suggestion that, for the benefit of all, the truth of the precept might be otherwise and explicitly formulated; as, for example: *In abscess of the middle ear, operation on the drum-head for the release of pent-up secretions being indicated, if the nidus of the abscess is in the malleo-incudal niche of the attic of the tympanum, cut freely to it through the membrana flaccida; if in the atrium also, or alone, operate as well, or only, upon the membrana vibrans, at whatever spot thereof bulges most; or, if its bulging be uniform, operate at the posterior-inferior quadrant.*

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**CARBUNCLE.** By A. R. SNYDER, M. D., Joplin, Mo.

Carbuncle is a subject which, although generally understood to a certain extent, is not often under discussion in medical societies; and though many writers have given attention to this disease, yet the literature of carbuncle is not very extensive. It is, in fact, rather an out-of-the-way subject. Cases will sometimes appear in one's practice, pass along generally to a successful termination, without much especial thought being given them by the general practitioner.

Three cases appeared in my own practice last spring, the third being especially large, painful and difficult of treatment, and my attention was particularly called to the variety of opinions on the treatment of this disease. Older writers and those of more recent date differ equally in this respect. Some say use the knife and make free crucial incisions, extending through the inflamed tissue into the sound integument. Others say incisions are hurtful and tension is best relieved by poultices. Again others say that poultices do more harm than good, are likely to excite boils in the neighborhood of the carbuncle and are now abandoned by general consent. Injections of carbolic acid and the use of caustics generally are urged by many good authorities while others equally good ignore their uses and benefits. And even the advocates of carbolic acid injections differ among themselves, some claiming a five per cent. solution to be the correct strength, others that the pure acid in saturated solution is positively necessary in order that absorption of the injected fluid and resulting toxic effects shall be avoided. Some writers hold that early and active compression will limit the spread of the disease while some others claim that when pus or fluid is manifestly forming it must be released as early as possible. Again, a certain late authority says that in many cases the antiseptic treatment, in which there is absolutely no surgical interference, furnishes the best results as regards the comfort of the patient and the limitation of the disease.

In this treatment the lesion is freely powdered with iodoform, covered with felt thickly spread with any antiseptic salve and let entirely alone. Debility of the patient is dwelt upon by many and whisky and other stimulants advised, while others deprecate this method and say it increases ten-

sion and pain and should be avoided and the patient kept on a low diet.

Now when one turns to his books to consult the authorities on the subject of carbuncle, what is he to think of this array of contradictory information? What immediate assistance is he to receive and what method is he to apply to the case in hand? The more he studies the several authors, the more conflicting will be his opinions, and as a result he finds himself in a hopeless muddle and is usually forced to rely on his own judgment in each particular case.

As to the causes of carbuncle there is no particular disagreement. Robinson says that in many cases the causes are absolutely unknown. In a general way, improper food, bad hygiene, debility due to years or excesses, a depressed condition of the vital forces, gouty diathesis, etc., are considered predisposing causes. In fact, the causes are very much the same as those designated for furuncles. Hyde says that the bacilli, which may be recognized in many cases, may sustain an etiological or purely accidental relation to the lesion.

Like furuncle the lesion usually has its starting point in the subcutaneous tissues or sweat glands, or hair follicles, but is larger, flatter, with more intense pain and has several points of suppuration. It is generally observed in those whose health is impaired or broken down; is more common in men and usually encountered in middle or after life. The inflammation starts simultaneously at numerous points, which break down rapidly, the pus finding its way to the surface, it is said, through the hair follicles, thus producing the cribriform appearance so often observed.

The inflammatory process may involve fascia, muscles, periosteum and bone, terminating in gangrene of the whole area.

Of the general disturbances as frequently present in carbuncle may be mentioned rigors, intense pain, general aching and other febrile symptoms varying according to the extent of the lesion. Indeed fever must be regarded as one of the most essential features.

It becomes severe and assumes a typhoid character only on the occurrence of blood poisoning or affection of internal organs of any considerable degree.

Profuse suppuration, extensive gangrene, severe and constant pain also endanger the life of the patient. An interest-

ing point is in regard to its relationship to diabetes mellitus. It is considered that abscess, gangrene, furuncle and carbuncle are more common amongst diabetic patients than others, and, in some instances, these troubles have led to the examination of urine and discovery of sugar where it was previously unsuspected. Wagner has reported several cases of carbuncle in which the urine had a specific gravity of 1.029 and contained five per cent. of sugar. Prout reports cases of the same character, but other equally good observers have failed to find sugar even in the most extensive cases of this disease. Robinson says that no etiological relationship has as yet been established between the two afflictions, but the subject is an interesting one and the urine should be examined in every case.

There are various ways in which the development of this disease progresses. Sometimes when at its acme the skin over it becomes a bluish black and gangrenous, and a blood-filled bleb is formed; or the whole skin breaks down into a dirty, pulpy mass; or instead of moist there is dry gangrene, the whole of the dead tissue drying into a brown or black eschar, which separates in the usual way. Or again, the process may extend, the central changes being repeated at the periphery with copious and exhaustive suppuration.

The duration may be stated to be from two to six weeks, according to the age and vital powers of the patient, and the size of the carbuncle.

Treatment is both local and general, and surgeons are, as you have seen, by no means agreed as to the course to be pursued. The best of authorities differ widely, and have done so for years. Many of the methods adopted fifty years ago are considered by some as of the best at the present time. Others say these methods are obsolete. Incisions were early practiced, and are yet held by many of the later writers to be the best of treatment, as they give free escape to the pus, relieve the inflammation of the parts and by the diminution of pressure successfully combat the absorption of poisonous matter. It was formerly held that the fascia underneath the skin was the seat of the carbuncular inflammation. When fascia is inflamed much plastic exudation takes place in its substance, and when pus is formed it finds great facility in traveling under the fascia, destroying its vascular connections and ultimately causing much of it to perish..

Reasoning accordingly, it was held that the pent up plasma, which so quickly produces pus and sloughing, could get no vent until there was an adequate opening made, and this opening should be made by the surgeon as early as possible, in order to avoid the extensive sloughing which would otherwise occur. Hence deep crucial incisions were advised and some writers and many practitioners uphold this theory at the present time.

One English writer in 1859 claimed that the incisions must be crucial and deep enough to enable one to easily raise the flaps with forceps and prove thereby that they are loose from the parts beneath, otherwise a second operation will most likely be required.

Sir James Paget most emphatically lends the weight of his influence against this practice. He says: "I have not followed this method very often, but I have followed it quite often enough to be sure that it does not produce the effects which are commonly assigned to it. It is said that if you will thus make crucial incisions, you will prevent its spreading. If you can find a carbuncle two or three days old, cut it right across in both directions. I think it not unlikely that you will prevent its spreading." "But even therein is a fallacy; for there is no sign by which on looking at a commencing carbuncle, you can tell whether it will spread or not, whether it will have a diameter of an inch or of three, six or ten inches. I have seen carbuncles spread in as large a proportion of cases after incision as in cases that have not been incised." Then, again, it is said that carbuncles are relieved of their pain if thus cut. But here again is only a partial truth. Cutting early may relieve in many instances a considerable portion of the pain. But when it begins to soften and pus forms in its interior, it becomes less painful of its own accord and without any incisions. It is also claimed that by incisions, you accelerate the healing process facilitating the separation of the sloughs. "But herein," says Paget, "is the greatest fallacy of all. When the cutting of carbuncles was more customary than it is now, I did not cut them and my colleagues did. I used to be able to compare the progress of cases cut with those which were not cut, and, time after time, it was evident that the cases not cut healed more rapidly than those cut." It by no means follows that the whole car-

buncle or its whole base sloughs. If not divided, they not infrequently suppurate only at their centers, and slough only in their central parts. In every case of this kind you lessen greatly the amount of healing which has to be gone through. In some cases even carbuncles completely abort.

Subcutaneous incisions have been supposed to have the same general effect as free incisions, and I think the same general conclusions may be drawn; that it is a measure unnecessary in the treatment of carbuncle, and that it retards rather than hastens the healing.

As carbuncle usually occurs in persons broken down in health or exhausted by overwork, the loss of blood, although not usually great, would much retard the process of healing, and sometimes if the incision be perfectly carried out, the bleeding might be very profuse, and necessitate the distress and pain of plugging to arrest the flow.

Agnew contends that the extent of the necrotic process is not affected by incisions, and that the loss of blood, which is often severe, is a positive injury to the patient. Duhring and Stelwagon do not advise incisions, but *per contra*, insist that weight of authority is against the practice. Crocker says this method is abandoned by general consent. Hyde states that crucial and deep incisions are certainly inferior in results to other methods. He advocates the plan of Taylor and Wood—the injection of a saturated solution of pure carbolic acid through the several apertures in every direction through the sloughing tissue by the aid of a hypodermic syringe. It is claimed that the pain is short-lived, the slough is readily separated, and the ulcer rapidly contracts, with the sequel of a small scar. The acid must be pure, in saturated solution to prevent its absorption and consequent toxic effects. For myself, I have never tried this method, and cannot speak for or against its efficacy. It will, in all probability, blanch and destroy the tissues, and perhaps tend to hasten the formation of the slough, but whether it will relieve the tension and intense throbbing pain, is a question in my mind.

There appears to be no particular objection to the use of poultices except that the practice is old-fashioned. Crocker claims that by this method boils are likely to be excited in the neighborhood. It is my experience and belief that the occurrence of boils around the carbuncle is an evidence of a

want of strict cleanliness, and if special care be taken in washing the surface, and skill be exercised in applying the poultices, this objection will be found to disappear.

In the cases I have seen nothing will relieve the intense pain and tension like moist heat in the form of poultices. Hot applications of this character will frequently quiet the patient, and give relief when opiates would otherwise be necessary. The patient will give a sigh of relief every time the nurse appears with a fresh, hot poultice.

Page himself, says, "cover the carbuncle with a poultice half linseed meal and half bread. and if you want to exercise your skill learn to make that poultice well and to put it on well, and to keep it in its place well. This method of dressing a carbuncle, so far as the materials are concerned, will continue through the whole course." As the sloughing proceeds the cavities should be carefully washed out with some disinfecting fluid ; as weak carbolic acid, bichloride solution one to 2000 or solution of permanganate of potassium. I much prefer the latter as it is non-irritating and perfect cleanliness can thereby be secured. The loosened sloughs should be detached with the scissors and such other tissues removed as is known will ultimately perish. In the latter part of the disease the poultices may be replaced with wet boracic lint, the whole being covered with oil silk. Iodoform dusted over the exposed surface before the lint is applied will help to promote granulations and bring the lesion to a more speedy termination. Pure white vaseline may be kept around the lesion to keep the parts moist and prevent the hard, dry, irritated and painful feeling of which your patient will otherwise complain.

Careful investigation into the patient's general health, especially as regards diabetes, is an important preliminary and supporting treatment is advisable from the first. A hypodermic of sulphate of morphia may occasionally be used at night, when the patient is too irritable and suffering too much pain to sleep. Sleep is necessary and must be secured. Any sign of septicæmia should be met with full doses of quinine and tincture of iron. Calcium sulphide is said to be an important aid in limiting the extent of suppuration, but certainly it does not prevent suppuration, and I believe that its benefits are somewhat doubtful. Every possible means should be adopted to improve the general condition and surroundings.

SULFONAL. By L. C. TONEY, M. D., Superintendent of the Insane Asylum of Arizona, Phoenix, Arizona.

Much has been written about this medicine, but in my opinion there is still much to be learned concerning its utility. I have found it useful in many cases among the insane, and yet comparatively inert among others. The medicine in question has been used in this asylum by me for insomnia, restlessness and excitability, and even for violent patients; my success has been confined to those suffering with sleeplessness, as the cases of violence rarely succumb to anything short of either physical or chemical restraint. The cases were usually insane, although I have used it very much among the sane during the past two years, and in all, amounting to over 100 cases, and with 80 per cent. of successes. The average time after each dose till sleep came on, was three hours; the average dose was twelve grains, sometimes only five or ten, to adults, and sometimes fifteen to twenty-five grains were given, the usual time for administering, five o'clock P. M., thus causing sleep at eight P. M. The average number of hours of sleep was seven. The sleep was more profound among children than grown persons. No vomiting has ever been observed by me as a result of the sulfonal. One case will suffice to show the failures. Henry D., at thirty-nine, admitted in the insane asylum of Arizona, July 9th, 1890, nationality, German, occupation, miner, suffering with *melancholia agitata*, or melancholia with frenzy, has been extremely restless, and insomniac and violent at times and destructive, and often resisting the medicine, thinking it poison and a "plot to kill him." Dose given was at first twenty grains, no sleep to speak of followed, next dose tried was twelve grains and no better effect, and after trying persistently for some time, have abandoned it and determined to try other remedies. In no case has it caused any disturbance whatever of the gastro-intestinal tract and in no case did it cause a desire to continue the medicine. My experience would lead me to believe that it should be given in the afternoon or later if sleep was desired later, and twelve or fifteen grains at a dose is quite sufficient. It is certainly a good hypnotic and should be found on the shelf at every alienist and general practitioner if he desires any success in the treatment of nervous affections.

### Clinical Lectures.

**THE TREATMENT OF ACUTE BRONCHITIS.\*** By REYNOLD W. WILCOX, M.A., M.D., New York, Professor of Clinical Medicine. Reported by GEORGE J. DIRKES, M.D., Brooklyn, N. Y.

An attack of acute bronchitis is characterized by an engorgement and swelling of the bronchial mucous membrane, and a diminution in the secretion from the muciparous glands. Reduction of the attendant congestion is a primary desideratum in the treatment of this affection, and many drugs have been lauded as successful agents in accomplishing this result; but of the category, which includes Apomorphia, Squill, Ipecac, Tartar Emetic, Sanguinaria, Senega, and Tolu, one only is uniformly followed by a marked watery secretion from the bronchial mucous membrane. Apomorphia is the drug, and given in doses short of emesis will produce the desired action in twenty minutes to one-half hour, leaving the mucous membrane paler in color, much less swollen and causing a diminution in sibilant and sonorous râles. The effects of a dose of Apomorphia last from two to three hours, so that repeated doses at short intervals are necessary to maintain its efficacy. In most cases the cough is the most troublesome symptom. A certain amount of cough is necessary to dislodge and eject the mucus; but often this symptom is much exaggerated and calls for some treatment. This indication is best fulfilled by exhibition of the bromides. The following formula is the one used at my clinics:

R: Apomorphinæ muriatæ.....	gr. ss.
Potassii bromidi.....	3ij.
Syrupi senegæ q. s .....	ad 3ij.

M. et Sig. A teaspoonful every three hours.

It is a good plan to have the cough occur at regular and convenient periods in the day. Direct the patient to have a glass of hot milk brought to the bedside one-half hour before arising, together with a dose of his apomorphia mixture; on arising he is to sit on the edge of the bed and take a few full breaths, filling the lungs thoroughly. Several coughs will now clear the respiratory passages of the mucus which has accumulated during the night. This procedure makes the patient comfortable during the day and reduces the coughing to

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\* Illustrated by patients and delivered at the New York Post-Graduate School, Nov. 17, 1890.

a minimum. In the evening the secretions may be gotten rid of in the same way, thus insuring a night's rest.

A cathartic given at the onset of the attack is beneficial, for by flushing out the intestines you relieve the congestion in the lungs. During the attack the bowels should move each day. For this purpose Rubinat or Villacabras water is preferable. Some cases will complain of much chest pain; here some mild counter-irritation, as rubbing with liniment of oil of wintergreen, is indicated. Apomorphia given in the manner above described will relieve the engorgement and prevent extension of the inflammation to the smaller bronchi or pulmonary tissues. Tartar Emetic, Ipecac and Squill are objectionable in the treatment of acute bronchitis, because their usefulness depends on their emetic action. They are, also, cardiac depressants.

Jaborandi given to a healthy robust man with a stout heart, will produce a copious perspiration and watery secretion from the bronchial mucous membrane; but the amount of sweating is out of proportion to the secretion from the air passages. One-eighth to one-half grain of the muriate of pilocarpine may be given every three hours, carefully watching its effect. This is heroic treatment, and is often used with brilliant success, but it can be useful only at the very commencement of the attack, and where there are no contraindications.

Cocillana is a true expectorant. The tincture was the first preparation used, but the alcohol is objectionable on account of the increased congestion which it produces. The preparation now in the market, the fluid extract, is better because a smaller dosage is necessary and it has not the alcohol. The fluid extract may be given in doses of five to fifteen minims every three or four hours.

In some respects the action of cocillana is not unlike apomorphia, but it presents some peculiarities. The expectoration following the administration of cocillana is not so watery as after exhibition of apomorphia, as it acts mainly on the muciparous glands. The therapeutical effect of cocillana is slower in attainment, but of longer duration; so that if prompt impression is desired, you can commence with apomorphia and continue the effect with cocillana. Cocillana increases, apomorphia diminishes, appetite. Cocillana is an

intestinal laxative, a fact of some importance in treatment. The drug has this disadvantage: an overdose causes a nausea which is probably more severe than that produced by any other so-called expectorant, and is most persistent, lasting two or three days. It is not essential that you use the bromides in conjunction with cocillana, as the mucous membrane is bathed in the mucous secretion which in itself relieves the bronchial irritation.

No drug is so fraught with disadvantage in bronchitis as opium. It relieves but one indication, cough, and that by its influence on the brain and not by removal of the cause. It adds to the congestion and dryness of the mucous membrane, disorders the stomach, and produces constipation.

In profuse expectoration, bronchorrhœa, neither apomorphia nor cocillana are entirely applicable, because neither drug acts on the respiratory center of the brain. Imperfect oxygenation of the blood is a condition frequently co-existing with the bronchorrhœa, and depending on it. The indication, under these circumstances, for some more stimulating expectorant is apparent. Muriate of ammonia is a drug most useful.

B. Ammonii chloridi.....	.....	.....
Extract glycyrrhizea.....	.....	aa 3iss.
Glycerini.....	.....	3ss.
Mucil. acaciæ.....	.....	3ij.
Syrupi tolutan. q. s. ....	ad	3ij.

M. et Sig.: Two teaspoonfuls three times a day.

The bronchorrhœa seems to be paralytic rather than a result of active congestion. Frequently strychnia is useful.

Often a condition of dryness of the bronchial mucous membrane follows acute bronchitis. The cough is distressing and incessant; resulting in a temporary emphysema. In these cases no drug is so efficacious as Turpentine or its derivatives; of this class Terebene is the best.

B. Terebene.....	.....	3iv.
Pulv. acaciæ.....	.....	3ij.
Aqua.....	.....	3ij.

M. et f. s. a. emulsio.

Add: Syr. Zingiberis..... 3i.  
Sig.: A teaspoonful three times a day.

The treatment of acute bronchitis may thus be summarized: To abort inflammation, pilocarpine in robust men, or apomorphia in first forty-eight hours; later, cocillana. In longer standing cases muriate of ammonia and when the expectoration is scanty, terebene.

## Correspondence.

### MORTALITY OF THE GERMAN ARMY.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

The German statistics on army mortality, referred to in the November number of your JOURNAL, are not, it seems to me, without some coloring. As the military systems in the different countries compared are unequal, a statistical comparison without qualification of the rate of mortality is not equitable. Countries like Russia and Spain with a service of the conscript extending over many years, or, like England with men engaging by contract, have in their armies men of an advanced age. Germany with its system of general conscription has in its standing army, to which those statistics refer, none but young men, none older than twenty-five years. The term of entering the army is twenty-one years, and the time of service three years. In the standing army of Germany it is only the officers and petty officers who serve longer. Now, then, from obvious reasons the rate of mortality among men of the privileged degree of vitality of the life time between twenty and twenty-five years, is lower than among men, whose age ranges as high as, may be, forty or more, and consequently, if Germany claims hygienic proportions in favor of its army as set forth in its statistics it is not the statistics that prove it.

DR. LINDORME.

Sanford, Fla.

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The American Academy of Medicine held its fourteenth annual meeting in Philadelphia, December 3d and 4th, Dr. Samuel J. Jones, of Chicago, presiding. The following were elected officers of the Academy for the ensuing year: President, Dr. Theophilus Parvin, of Philadelphia; Vice-Presidents, Dr. Henry M. Hurd, of Baltimore; Dr. Alonzo Garcelon, of Maine; Dr. Robert L. Libbett, of Carlisle, Pa.; and Dr. Richard J. Dunglison, of Philadelphia; Secretary, Dr. Charles McIntire, Jr., of Easton, Pa.; Assistant Secretary, Dr. Edgar M. Green, of Easton, Pa.; Treasurer, Dr. J. Cheson Morris, of Philadelphia.

[January,

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### VOLUME LX.

It is but seldom that the JOURNAL takes occasion to call particular attention to itself, but as this is the initial number of its sixtieth volume and forty-eighth year of publication, it may not be amiss to make a few remarks. As our readers have no doubt observed, it has been a guiding principle with the JOURNAL to avoid all personal references or quarrels, and in its policy it has always advocated that which it considered was the greatest good to the greatest number. While this may seem a rather conservative course to pursue, it is one which every intelligent reader will appreciate. There is a tendency now to merge the personality into the shades of obscurity. The JOURNAL speaks as a journal, and not as some particular individual, and this may also account in part for a certain amount of conservatism displayed. The aim of the JOURNAL has always been to be honest in its purposes as well as in that which it presents to its readers. Many things are given for what they are worth, and this is absolutely necessary if news are to be furnished. No hasty condemnation finds its way into these pages any more than adulatory praise of that which has not gone through the crucible of scientific investigation and practical application.

While the JOURNAL has avoided the ultra-scientific or transcendental, it has also carefully refrained from rushing pell-mell into the pit-falls which are so alluringly spread and

which, when reduced to their ultimate value, represent nothing but a weak empiricism.

Our readers have no doubt noticed in the past as they will in the future, that while a broad, liberal basis is the foundation of the JOURNAL, this has never been permitted to approach the point where liberty ceases and license begins. While allowing the greatest liberty and freedom to individuals and never condemning, untried, any methods that appear reasonable, it will always oppose quackery, illegitimate methods and means which are either illogical or disreputable.

A few words in regard to the contents of the JOURNAL. It will be our aim to continue to improve the character of the matter presented to our readers. While the latest and most approved methods will continue to find a reflex in our pages, care will be taken not to neglect the older, more carefully tried, and reliable means which have succeeded in the hands of those whose experience is entitled to our respect. All apparent progressive medicine is not always good, but it is well to be acquainted with the comparatively worthless as with that which has proven worthy.

With these few words to our readers, we will close and wish all, whether subscribers or not, a prosperous year and a continuation of the same.

#### EDITORIAL NOTES.

IT IS SHREWDLY SUSPECTED, from the persistency with which the *Druggists' Circular* keeps that \$200,000 damage suit before the medical public, that the affair is a fake gotten up between the Standard Oil Company, owners of the *Circular*, and Radam, of "Microbe Killer" fame, for the purpose of working the medical press for free advertising.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION may change its habitat next year. A large number of the members of the Association favor its permanent removal to Washington, D. C. While many good arguments can be brought forward in support of this it remains a question in the minds of many as to whether this would be a good move or not. It must not be forgotten that a large representation of the Association is derived from the West and that geographical position should be considered, say they. But this argument is in no way effective

when we consider the immense advantages which would accrue from a location in our National Capital. It is true that the evil effects of certain influences might be felt, but with a steady hand to control the editorial management of the *Journal* they would really amount to but little. The whole matter hinges upon the question as to whether the publication would be made better and have more weight if removed from its present location to Washington. We believe that it would ; and, until a better location is suggested, are heartily in favor of the proposed move.

PREACHERS AND PATENT MEDICINES forms the text of a discourse which appears in the *Dixie Doctor*. The summary of the question which is given is as follows ; 1°. Preachers who endorse patent medicines are accomplices in fraud. 2°. They speak of things of which they know nothing. 3°. Preachers who don't pay doctors prostitute themselves and lose the respect of the doctors and themselves. 4°. Religious papers and preachers join in with swindlers of whom they could quickly and easily have been informed. 5°. A theological course fits a man to give opinions on disease and drugs.

The *Dixie Doctor* should go a little further and tell us what it thinks of physicians in good standing (?) who prescribe patent medicines.

THE FIRST POST-GRADUATE SCHOOL in the United States has been the subject of quite a controversy in New York. According to Dr. Edw. Borck, of St. Lsuis, the New York gentlemen are all wrong. He states that the first school of the kind was established in St. Louis in 1881, it being exclusively for practitioners and was known as the St. Louis College for Medical Practitioners. Dr. Borck goes on to state :

"I remember that there was no exclusive school in New York or any where else at that time. Being the Secretary of the College for Medical Practitioners I remember also that I received a letter from one of the gentlemen in New York in 1881 (I do not remember his name) requesting a copy of our Rules and Regulations ; which, with a copy of incorporation I mailed to him ; that is before their school was organized, or about to be organized. However, the far west is too much out of the way for New York. As long as it was a question for New York City only, it mattered little to us which was the

first ; but when it includes the United States, St. Louis has a claim."

We distinctly remember the College to which Dr. Borck refers and also that two sessions were held in 1881. In fact, all the gentlemen connected with it are still alive and can corroborate the facts.

THE MEDICAL POLITICIAN doesn't seem to be in good odor with the *American Lancet*, which says editorially: The future of the American Medical Association, of most of the State societies, and of all large medical bodies and not a few small ones, depends upon their casting into the background the medical politician. He must be exposed and held up to the ridicule that he deserves. No candidate should be supported for any office who, by his dignity, honor and intelligence, is not able to fill it. It is possible for those who desire orderly, well conducted medical societies to accomplish this, but they can do so only by giving time and thought to the means for its accomplishment. The devil is not cast out by a masterly inactivity ; nor is it any excuse for existing indifference that such work is distasteful. No work for the betterment of the profession in its conduct is agreeable or generally profitable, nevertheless all owe it to themselves and to the profession to do what each one can for the relegation of the "medical politician" to his proper place. Look out for him ; beware of his honeyed words, his glittering promises, his professions of undying friendship, his aspersions of the motives and intents of men who occupy honored places in the ranks of medical literature and science. Beware of his treats, of his cigars, whiskey, champagne and midnight carousals. Things like these may be fitting for the selfish plans of the medical politician, but they are not characteristic of honorable honest workers for the good of the medical profession. The companionship of those who do, and countenance, these things is not likely to promote that which is best either to the individual or to the medical profession. By vote and by personal influence endeavor to purge medical societies of this class. When this is accomplished membership will be regarded as an honor, and as a means of professional development, and for the promoting of peace and good will.

### Microscopy.

**Demonstration of Karyokineti Figures.**—According to Dr. B. Solger, (*Archiv. für Mikros. Anatomie*) the amnion of the embryo rat is a better and more easily obtainable material for the demonstration of the figures than the mesentery of the young rabbit, which has hitherto been recommended to students as the best object for the study of karyokinesis. Besides the fact that it is readily obtained almost anywhere and at any time, the rat amnion presents the further advantages that it may be studied without the tedious processes of embedding and sectioning. Solgers' technique is as follows: The freshly dissected horn of the uterus is put at once into a saturated aqueous solution of picric acid and immediately afterward the chorion is cut open with scissors. The amnion then separates as an exceedingly tenuous membrane enveloping the embryo. Let remain in the picric acid solution for twenty-four hours, remove and wash in alcohol of 70°. The dilute alcohol is gradually replaced by stronger until 95° per cent is reached. The material is then stained either with Ehrlich's acid haemaloxylin or saffranin after Flemming's method.

**Kuhne's Method of Preparing Tuberle Bacilli.**—In the *Centralblatt für Bakteriologie und Parasitenkunde* of a late date, Dr. Kühne gives the following method of preparing tubercular sputum for staining and examination. The main difficulty found by most persons is the viscosity of the sputum, which effectually frustrates all attempts at getting on the cover glass a smooth and even layer of the material. To avoid this, the author first agitates the viscid material with an equal volume of a saturated watery solution of borax, the effect being a solution which is very easily spread. The nummular matter from cavities is, similarly, treated with an aqueous solution of ammonium carbonate. When a glass spread with the latter is passed over the flame the carbonate is largely volatilized. The subsequent steps are identical with those of the older methods—staining with fuchsin, bleaching with nitric acid and alcohol (1:3) and counter-

staining. As a counterstain Kühne prefers a solution of picric acid in anilin oil. We have tried Kühne's method, and while the results are not so fine as in Biedert's process, its simplicity and rapidity recommend it over the latter, which is complex and tedious.

**Infectious Parasitary Growths the Cause of Vaginites.**—The term "leucorrhœa," like some others used in medicine, covers a vast multitude of sins of omission, as well as a vast amount of ignorance on the part of the general practitioner, and, not infrequently, the so-called specialist. A woman—maid, wife or widow, or one of the three, calls upon the practitioner for treatment for a vaginal discharge; or perhaps she is brought thither for the purpose of examination by a parent, husband, or lover. The speculum is applied, a few questions asked and answered (maybe truthfully and maybe otherwise), and a diagnosis is arrived at upon the spot from the data thus obtained. Sometimes it is gonorrhœa, but most generally leucorrhœa is the verdict, and various are the causes to which it is ascribed.

A few weeks ago a young girl, accompanied by her mother, called upon the writer, at the suggestion of an old friend, under very distressing circumstances. The girl, whose family resided in a distant suburb of the city, had obtained work in one of the large down-town drygoods establishments, and in order to be nearer her work had taken lodgings with one of her fellow-employees, going home on Saturdays and remaining over night. Shortly afterward, the mother in examining the wash of the girl discovered stains and spots, which made her suspicious that all was not right with her girl, and took the earliest opportunity to question her. The girl freely admitted to having suffered with a burning and itching sensation of the parts, attended with a profuse flow, but stoutly denied that she had in any way transgressed, protesting that she did not even know what the mother meant when the latter spoke of "connection with men." The family physician was consulted, and on examination, said he would be certain that the girl had gonorrhœa were the physical evidences not so strongly in favor of the fact that she had never been entered. The hymen was ruptured and almost absent, but the mother knew the causes which had led to this condition, and it had

no weight with her. Another physician, less cautious, unhesitatingly declared the discharge gonorrhœal. In this state of affairs the mother brought the daughter to me. The vagina was so small that I used a rectal speculum in making the examination. The labiæ were puffed, swollen and inflamed from constant rubbing and scratching, while the vulva and vaginal walls were intensely congested and bathed everywhere with a muco-purulent discharge. With a curette a portion of the matter was scraped from the mucous surface, placed on a slip, covered and examined under the microscope, using a 2" ocular and  $\frac{1}{2}$ " objective. It was found to be full of *Trichomonas vaginalis* and *Oidium albicans*, the former an infusorian, and the latter a vegetable parasite, either one capable of setting up intense itching and producing under the mechanical irritation of scratching or rubbing, all the phenomena described. After rinsing out the vaginal cavity with a syringe the walls were found to be covered with the characteristic patches of the *Oidium albicans*, from the diameter of a pin-head to that of a silver three cent piece.

I have on another occasion found *Oxyuris vermicularis* present in a vaginal discharge superinduced by mechanical irritation and uncleanness.

The moral is "consult your microscope before making up your mind in such cases." Concerning the diagnostic value of *Gonococcus* I am entirely convinced that it has absolutely no significance, being found quite as often where there is no gonorrhœa as where the latter exists.

**Conjugation in the Infusoria.**—Lack of material, says Prof. C. O. Whitman in the *American Naturalist*, has hitherto been the chief difficulty in the way of thorough study of the phenomena of conjugation. Investigators like Balbiani, Stein, and Bütschli have complained of the rarity of this state, and have explained their incomplete and fragmentary observations on this ground. The subject itself is extremely complex, and requires, as a first condition of successful study, most abundant material.

Thanks to Maupas, we now know how to supply this need. Take stagnant water containing algæ, confervæ, débris of dead leaves, and other vegetable matter, and keep it in dishes covered with glass plates, to prevent evaporation and to guard against dust, until putrid fermentation sets in. Infusoria con-

tained in this water, finding abundant nourishment, multiply in great numbers. When they become abundant they may be taken up in a drop of water and kept on slides in damp chambers, as before described. The infusoria continue to multiply until the supply of food fails; *hunger then leads them to conjugate.*

When rare species are desired, which do not multiply rapidly in small aquaria, two individuals from different sources may be isolated, and made to multiply on slides kept in damp chambers. Mixture of specimens from the two slides, when the food-supply is exhausted, usually results in conjugations.

The isolation of groups of infusoria on slides offers still another important advantage; it enables one to examine them easily with the microscope, and thus to catch the first conjugations.

Maupas calls attention to the fact that, as a general rule, conjugation is most frequent towards the end of the night and during the early morning hours.

In beginning the study of a new species the first thing to determine is the duration of the period of conjugation. This point ascertained will serve to guide the course of investigation. The isolation of couples in conjugation is indispensable to the study of the phenomena following separation.

For killing isolated couples at successive hours, in order to trace the history of the nuclei, Maupas recommends corrosive sublimate (1:100) as the best reagent. He proceeds as follows: The infusoria are taken up with a pipette and placed in a drop of water on a slide. Fine hairs, suited in thickness to the species under study, are then placed on either side of the drop, as supports for the cover glass. The infusoria should be somewhat compressed, but not crushed. The cover-glass is then placed, and the sublimate added as quickly as possible at one side, and sucked under by the aid of a bit of blotting paper at the other side, care being taken not to disturb the cover. After fixation, the preparations are stained with methyl green in two per cent. acetic acid, and then mounted in glycerine. In some species it is best to omit staining altogether, as the stain obscures the micro-nuclear elements.

It is perfectly useless to undertake the study of conjugation without a powerful homogenous immersion objective.

F. L. J.

## Dermatology and Genito-Urinary Diseases.

**Ichthyol as a Sedative.**—In the course of an article on dermatitis herpetiformis, published in the *Journal of the American Medical Association*, Dr. A. Ravagli states that it seems to him that ichthyol has a peculiar sedative influence upon the final nervous ramifications. In several cases of pruritus, it has stopped the itching sensation, when every other remedy had failed. In many cases of nervous eczema, especially in children, a lotion of

B Ammon. sulphoichyolat.....	3 ij.
Aquaæ rosæ,	
Glycerini, æs.....	3 ss.

M.

has given very satisfactory results. He also found it to act quite nicely in the case of dermatitis herpetiformis, which he reports.

**Lotion for Intertrigo.**—According to the *British Journal of Dermatology*, Wertheimer uses the following lotion for intertrigo (chafe), and speaks of the good effect often rapidly produced. He applies a compress wetted with the lotion and placed in contact with the part affected for an hour at a time, three or four times a day :

B Hydrargyri bichloridi.....	1 part.
Aquaæ destillat.....	2000 parts.
M. ft. solutio.	

If the intertrigo becomes very severe he prefers the local application of phenol, chloride of lime, etc., and also finds lotions containing alcohol or iodine very serviceable. I have found a dilute lotio nigra to be of use in such cases, especially if followed by the liberal use of some dusting powder free from vegetable constituents.

**Thermal Springs in Syphilis.**—In a consideration of the effects of thermal springs in syphilis, Dr. S. Lustgarten states (*The Post-Graduate*) that the cases in which we might avail ourselves of the natural thermæ in the treatment of syphilis are : 1°. All cases where a change of air is indicated, as catarrhal affections of the respiratory tract, anæmia or syphilitic cachexia. 2°. In cases of nervous prostration due to or following syphil-

itic affections. In both cases the indifferent thermæ are indicated. 3°. In those fortunately rare cases in which, in spite of all rational treatment, relapses occur in quick succession; also in the still rarer cases of malignant syphilis where there is absolute intolerance for specific treatment; in cases also of obstinate affections of glands and bones; and, finally, in syphilis of the nervous system, and in mercurial cachexia. The sulphur and salt springs are especially adapted to these cases.

**Treatment of Chancroidal Buboes.**—At a meeting of the Société de Médecine, of Lyons, Dr. Desir de Fortunet advocated the following method (*Annales de Dermatologie et de Syphiligraphie*) in the treatment chancroidal buboes. Open as soon as possible, even when pus has hardly been formed; this is especially the time when good results are obtained. A small incision suffices into which is injected Van Swieten's Liquor whose composition is as follows:

B. Hydrarg. bichlorid.....	1 part.
Aquaæ.....	900 parts.
Spts. rectificat.....	100 parts.

M.

After this an iodoform crayon is introduced. The injection may also be made of a solution of nitrate of silver 1 in 50; the results are very good. M. Poncet favors making an incision large enough to allow evacuation of the purulent contents, and curetting. Then there is complete security in regard to the troubles which might be produced by suppuration. M. Augagneur punctures with a hydrocele trocar when the pus has collected, and the skin is red and œdematosus. He does not inject as the injected liquid is sometimes irritating and brings on a marked reaction. Chancroidal buboes, that is those inoculating the subject, are in his opinion very rare. He employs large incisions with scraping only in those who have phlegmons which would formerly have been called, venereo-strumous and which are pseudo-tuberculoses of the connective or subcutaneous tissue.

**Internal Treatment of Gonorrhœa.**—Thomas R. Neilson states that the plan of internal treatment which he has pursued for some years past (*University Medical Magazine*), consists, first, during the earliest stage of the disease in the administration of an alkaline sedative mixture, with the purpose of alleviating the scalding caused by urination, the tend-

ency to frequent micturition and to chordee. The standard formula in his dispensary practice has been :

B. Potass. acetat.....	3 ij-3 ss.
Potass. bromid.....	3 jss.
Acid. boric.....	3 ij 3 ij.
Tinct. belladon.....	m. xxx.
1q. potass. citrat.....	3 viij.

M.

Sig.: A tablespoonful in water every three or four hours.

Secondly, as soon as the symptoms are in a measure relieved, the administration of either oleoresin of cubebbs and balsam copaiba in capsule, or of cubebbs alone in powder, in teaspoonful doses, or finally, where chordee is troublesome, a combination of two parts by weight of powdered cubebbs and one part of bromide of potassium, given in the same doses, and from three to four times daily.

**Psorospermose Folliculaire Vegetante.**—Dr. Weiss presented a patient with this affection to the New York Dermatological Society, by invitation (*Journal of Cutaneous and Genito-Urinary Diseases*). M. L., 49 years of age, German, had enjoyed perfect health up to his twenty-third year. When twenty-four the patient commenced to experience tightness in the chest and oppression thereon. He was troubled by headaches and pains in the back and lumbar region. These pains set in paroxysmally. In 1865, after getting his leave from the army, he was once caught on the street by this paroxysm of pain and oppression. He had to be carried home and put to bed. At the same time he was seized with high fever. Presently an eruption showed itself on the chest and on the back of the trunk. Dr. Weiss saw the patient in 1881. He exhibited what he at that time found to be a fair example of lichen ruber Hebra. The parts mentioned before were covered with minute red papules, on the tops of which there were fine, hardly visible, film-like scales, brought to appearance by a magnifying lens. The whole gave the impression of a large, red, inflamed area covered with minute papules. The eruption afterward became general. The patient in the lapse of years, was seen by eminent dermatologists, and his case was unanimously declared lichen ruber Hebra. Time, age, physiological insults like scratching, and pathological changes like thickening of the skin, changed the aspect of the case greatly. He now exhibits over the whole surface a papular

eruption, which in some places resembles a seborrhœic eczema, while in others, like the small of the back, the lichenous character is yet preserved. Dr. Weiss thought that he might be permitted to doubt whether this case had any resemblance to Darier's psorospermose folliculaire végétante after the explanation just given. Dr. Lustgarten showed preparations taken from Dr. Weiss' patient. He looked upon the organisms found as having an etiological relationship to the disease, although as yet no absolute proof had been produced. O-D.

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### Diseases of the Eye and Ear.

**Treatment of Lachrymal Fistulas.**—The fistula in the skin, caused by an abscess in the tear sac, is sometimes stubborn to all efforts made to cause it to close up. If, after the sac has been properly treated, the fistula still persists, some kind of active medication is necessary to make it close. In such cases, I have usually introduced a small piece of lunar caustic or bluestone deep into the fistula. This is nearly always successful. A hot probe passed quickly into the canal, and held there for a moment, is very effectual. Dr. Venneman (*in Practice*) states that he is in the habit of using lactic acid in persistent lachrymal fistulas. He simply saturates a small tampon with the acid, and pushes it deep into the canal. This, he states, causes it to close rapidly. I should think the acid would be rather painful. In most cases, all that is necessary is to properly treat the suppurating sacs, and the fistulas will close spontaneously.

**Enlarged Tonsils Cause Deafness.**—Particularly in young people enlarged tonsils often cause more or less deafness. It occurs most frequently in children from four to twelve years old. The swollen tonsils do not excite actual disease in the Eustachian tubes or drums; they fill up the space in the throat so as to press upon the mouths of the tubes and thus physically obstruct them. That, of course, prevents proper ventilation of the drum cavities and more or less hardness of hearing—never extreme deafness—results. In young people, and often in older persons, swollen tonsils are always subject to repeated attacks of acute tonsillitis. Every bad cold is likely to excite such attacks. The tonsils

swell greatly and, of course, press harder upon the mouths of the tubes, consequently the history shows that the deafness is always worse during a bad cold and, since the swollen condition of the tonsils is a strong predisposing cause of bad colds, enlarged tonsils in a child is a sure guarantee of repeated attacks of bad colds, and, in fact, many such children are rarely ever free from them. In order to relieve the deafness permanently, prevent bad colds as far as possible, and make the child comfortable in the way of free and easy breathing. It is absolutely necessary to reduce, in some way, the swollen tonsils, so that they will contract and shrink away by atrophy. To secure this result it is not necessary to remove the entire gland.

**Treatment of Enlarged Tonsils by Chromic Acid.**—A child with enlarged tonsils, aside from the hardness of hearing which they frequently cause, suffers for want of sufficient space for breathing purposes. Such a child nearly always snores furiously during sleep. This is a characteristic symptom of swollen tonsils, although many people snore, who are free from that kind of trouble. It is impossible to relieve the hardness of hearing. Give ample room for free breathing, permanently prevent the distressing snoring and the repeated attacks of acute and painful tonsillitis without in some way reducing the swollen tonsils. How can that be best accomplished? For many years I have been in the habit of using chromic acid for the purpose of destroying, or rather reducing, the hypertrophied tonsils. In using this powerful agent a certain amount of caution is essential. In the first place, it must be sparingly used, because it will not do to allow any considerable amount of the escharotic to run down the throat. In the next place it cannot be successfully used by merely applying it to the surface of the tonsils, because it mixes at once with the fluids of the mouth and runs down the throat. In the third place it is absolutely necessary that the remedy be strictly confined to the part to be reduced. The only proper and effectual way to use the acid is to put it into the interior of the tonsils and let it work from within outwards. In this way it can be nicely confined to them and prevented from running down the throat. Many swollen tonsils are so soft that a sharp stick can be easily

bored directly into them. If too hard and tough to be punctured in that way, take a long narrow knife, such as a cataract knife, and make a puncture from before backwards into the tonsil, but never clear through it. The punctures should form a kind of a sac for the easy retention of the medicine. Now twist a small particle of cotton tightly on the extreme end of a sharp stick of suitable size and length, touch the cotton lightly in the fluid acid in the bottle, and pass it deeply into the puncture already made. Allow it to remain there for a few moments, remove it, apply fresh cotton and repeat the operation till the desired amount of the medicine has been introduced into the interior of the tonsil. Repeat the treatment daily until a large slough begins to form. Then a new puncture can be made in a new place and the medicine be introduced in the same way. Thus a large tonsil can be radically reduced in a few days. Of course, the treatment makes the throat sore for a short time, but it gives no serious trouble. The sloughs separate slowly and often it is necessary to wait three or four days for them to loosen. They can often be pulled away with forceps. The great advantage of chromic acid over other escharotics, and what peculiarly suits it for this purpose is the fact that it is not painful. The only unpleasant thing is its unpleasant taste. I have just dismissed a little boy, six years old, treated with the acid, with a most excellent result. The deafness promptly passed away, and the terrible snoring has ceased entirely.

I am of the opinion that the general result is much better when the tonsils have been reduced by chromic acid than when excised. In using the acid, the anterior and posterior pillars of the soft palate should not be disturbed, and, of course, care must be taken not to penetrate too far towards the carotid arteries and veins. The direction of the applications must be from before backwards and not outwards.

**Dangerous and Fatal Hæmorrhages after Excision of Tonsils.**—It is a well-known fact that severe hæmorrhage sometimes follows the excision of a tonsil, and may occur in any case. Fortunately, however, it does not often occur.

Dr. Jonathan Wright, of Brooklyn, has published a table (*New York Medical Journal*, August 30th, 1890), which shows the number of dangerous and fatal hæmorrhages after tonsil-

otomy that have been reported in the literature of all countries up to the present time. Of course, most of such cases have never been published at all.

The table shows that thirty-one cases have been reported; of these two cases were fatal. One case was a young man, without details. The other was a boy eight years old; cause of haemorrhage was an anomalous position of the internal carotid artery, which no precaution could have avoided. In my own experience, I have never had even troublesome haemorrhage from the stump of an excised tonsil. It is well, however, always to bear in mind that such an accident *may* happen in any case.

A. D. WILLIAMS, M. D.

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### Excerpts from Russian and Polish Journals.

**Case of Successful Pericardiotomy.**—Drs. R. F. Beckmann and S. S. Stoll, of Warsaw, communicate (*Transactions of the Warsaw University Medical Society*, 1890, Vol. II, part I, p. 42) a highly interesting and rare case of suppurative pericarditis where they performed pericardiotomy, the pericardium being freely opened at the level of the second intercostal spaces after a preliminary trephining of the sternum (by means of Stoll's trephine). The patient, a highly exhausted and emaciated soldier, aged 21, made an excellent recovery, leaving perfectly well about two months after the operation. The examination showed that the pericardial sac had undergone a complete obliteration. According to the authors, this is the fourth successful case of the paracentesis, as yet known in international literature, the preceding three having been published by Drs. Rosenstein, Samuel West, and Howship Dickinson.

**Family Deaf-mutism.**—In the *Russkaia Meditza*, No. 20, 1890, p. 311, Dr. F. L. Zavarin, of Ustysolsk, details two curious and interesting instances of deaf-mutism running in families. One of the cases refers to a peasant family, named Novoseloff. Both the father, aged 44, and the mother, aged 42, are developed quite normally, coming from good stocks (their respective histories could be traced three generations back). In the course of their 19 years' conjugal life, they had

ten children, nine of them still living. Their second child, a girl, died when six months old; whether she could utter any articulate sounds, remained obscure. Their youngest child, a girl, was only two months of age at the time of the communication, her case being, therefore, out of consideration. Of the remaining eight children, only the three youngest (a boy of seven, a girl of five, and a boy of three) are normal, while the other five (a boy of eighteen, a girl of fifteen, a girl of thirteen, a boy of eleven, and a girl of six) are congenital deaf-mutes. Novoseloff's younger sister married a healthy man of a healthy family, and had five children, of whom three were deaf mutes from birth, the other two normal. The other case is that of a burghess family, Startzeff. Both the pater of 47 and the mater of 40 are developed normally, but of their five children, three (a boy of fifteen, a girl of five, and a boy of one and a-half) are congenital deaf mutes. The remaining two (boys of eighteen and twelve) are healthy. Startzeff's elder brother was deaf and dumb, while their younger sister was healthy and married a healthy man, but, nevertheless, brought forth two deaf and dumb children.

**On Washing Out the Large Bowel in Dysentery.—** In the *Vratch*, No. 42, 1890, p. 957, Dr. Petr S. Korytin, of Novotcherkask, details his experience of the treatment of dysentery with daily large enemata. In all, 15 consecutive cases of sporadic diphtheritic (9 cases) and catarrhal (6) dysentery were treated by this method, of which only one died, the remainder making a good recovery. The enema invariably consisted of six pounds of fluid at 30° Reaum. In three cases (of a catarrhal variety) simple filtered tap water was used. In the other twelve, from ten grains to one drachm of crystalline carbolic acid were added to each enema (made of distilled water). The total number of injections in individual cases varied between one (6 cases) and six (1 case), averaging two and a-half. The injected fluid was returned by the patient most commonly in from five to ten minutes; sometimes, however, it was expelled as early as one or two minutes, or as late as fifteen or twenty. The effects of simple water enemata did not differ in any way from those of the carbolic injections. In either case there was observed a rapid and steady decrease of abdominal distension and pain, frequency of stools and ten-

esmus. The patient's appetite, sleep, and spirits soon improved, the faecal matter quickly becoming more solid and free from offensive odor as well as mucus, blood, and shreds (sloughs), while the bodily temperature returned to the standard. In catarrhal cases, however, the improvement and recovery progressed by far more speedily than in diphtheritic ones. The good results of the treatment are attributed by Dr. Korytin simply to a thorough cleansing of the large intestine secured by the irrigations.

[About five years ago, Dr. Shtchegloff, of Jizdra, published 12 cases of acute dysentery, rapidly cured by large carbolic enemata. Following his instance, Dr. Kampf, of Oster, resorted to the same method in 8 cases of his own and similarly arrived at the conclusion that the carbolic acid injections afforded a "specific remedy for dysentery." *Vide the London Medical Record*, March, 1885, p. 103.—*Reporter.*.]

**A Fatal Case of Salol Poisoning.**—In the Polish *Nowiny Lekarskie*, No. 4, 1890, p. 173, Dr. Chlapowski records a very instructive case of the following kind: A weak and badly-nourished woman, aged 30, was admitted to a hospital on account of dilatation of the stomach, with vomiting, absence of hydrochloric acid from the gastric juice, accumulation of lactic acid therein, etc. A washing out of the stomach was followed by profuse hæmatemesis. Nine days later, one gramme of salol was administered internally, in order to determine the motor power of the organ (after Ewald's method). No salicyluric acid could be detected in the patient's urine, voided 80 minutes afterwards. About nightfall the woman became restless, and suddenly fell into an unconscious state. On the next day her urine assumed a dark color and showed the presence of the said acid. On the fifth day, some improvement in the woman's general state was noticed, but on the 8th there again appeared the unconscious state, accompanied by vomiting after each meal, and swiftly followed by deep sopor. On the 12th, she died. The urine retained its dark appearance till death. The necropsy revealed hæmorrhagic gastro-enteritis, cicatrized ulcer near the cardia, chronic endometritis, and ovarian cyst. Analyzing his unusual case, the writer comes to the conclusion that the use of salol is contraindicated, or at least requires great caution—1°, in the presence of renal disease, interfering with a quick elimination of the

drug through the kidneys; 2°, in anæmic and exhausted persons; 3°, in such cases where the urine contains a deficient proportion of sulphates (as is known, sulphuric acid neutralizes the dangerous physiological properties of phenol through binding the latter); 4°, in the presence of motor weakness or paresis of the gastro-intestinal tract, favoring the putrefactive processes and retarding the elimination of their products from the body. At all events, should the use of salol be deemed necessary in such cases, the drug should be given in combination with sulphates (for instance, sulphate of sodium), or with food containing large quantities of these salts.

[Strange to say, Dr. Chlapowski omits to mention anything about—1°, the purity of the preparation employed; 2°, the condition of the patient's urine before the administration of salol; and 3°, the state of her kidneys, as found on the *post-mortem* examination. A case of a relatively mild poisoning by salol was published some time ago by Dr. Josefowicz, whose patient, a man of 40, suffering from acute rheumatism, took 22.5 grammes of the drug in four days. The symptoms consisted in severe albuminuria, decrease in the secretion of urine, weakness and acceleration of the pulse, anorexia, and agonizing aural noises. The phenomena gradually subsided after discontinuing the remedy and substituting for it digitalis. *Vide the London Medical Recorder*, October, 1888, p. 443.—*Reporter.*]

**Iodol and Antifebrin in Cerebro-Spinal Meningitis.**—The perusal of Dr. M. I. Krotkoff's paper (*vide infra*) has recently induced Dr. Vladimîr I. Sübotin, of Balashov, (*Meditinskoië Obozrenië*, No. 18, 1890, p. 495), to try iodol and antifebrin in a severe case of sporadic cerebro-spinal meningitis. Like his predecessor, the author obtained truly brilliant results. The patient, a previously always healthy, robust merchant of 18, fell ill on July 30. When first seen by the writer, on August 8, the lad was suffering from excruciating headache (especially about the back of the neck), some impairment of consciousness, obstinate sleeplessness, frequent nausea and diarrhœa, anorexia, fever (39.50 C.), photophobia, meteorism, abdominal tenderness. There were also present flushed face, congested eyes, myosis, slow reaction of the pupils, herpetic rash around the mouth, thickly coated tongue, dry and hot skin, scanty rubeola over the chest and abdomen,

weak pulse (95 per minute), and general prostration. During the night there appeared severe ~~On August 6~~ vomiting of several hours' duration. ~~On August 6~~ there supervened aching pain and numbness about all the tenderness of the cervical vertebræ, retraction of the head, and rigidity of the posterior cervical muscles. ~~On August 7,~~ the patient's left extremities were found completely paralysed and affected with cutaneous hyperæsthesia, the wrists and fingers contracted. Up to this day the case had been regarded as one of enteric or typhus fever, and treated as such. Cerebro-spinal meningitis was now diagnosed, and the following combination resorted to:

B Iodoli purissimi..... 0.30 grammie.  
Antifebrini..... 0.18 "  
M. f. pulvis. D. S. A powder every three hours.

Besides, the following adjuvant means were ordered: 1°. Four Milanese blisters to the back of the neck (2) and mastoid processes; 2°. Ice compresses to the vertebral column, below the blisters; 3°. Irritant (saline) enemata; 4°. A hypodermic injection of  $\frac{1}{2}$  grain of morphine (in view of insomnia); 5°. Milk and beef, in tablespoonful doses, repeated at short intervals. A steady improvement set in from the beginning. On August 17, the iodol powders were discontinued. On August 20, the patient got up perfectly well.

[In the *Meditzinskoië Obozrenië*, No. 17, 1889, p. 389, Dr. Krotkoff, of Saratov, has published two cases of typical cerebro-spinal meningitis, referring to girls, aged 4 $\frac{1}{2}$  and 9 years respectively. In the former case, the treatment was commenced on the third, in the latter on the first day of the disease, the little girl receiving 0.05 grammie of iodol and 0.08 of antifebrin, the older 0.12 of iodol and 0.2 of antifebrin, four times a day. The former was completely well on the twentieth day (of the symptoms), the other on the tenth. Considering the formidable character of the disease in question, one cannot help hesitating to attribute the extremely happy issue of the three cases to the treatment adopted. A more extensive series of clinical experiments in the same direction might elucidate whether the two authors had to deal simply with a happy, but blind, coincidence of the events, or really happened to come across a surprisingly efficacious means of lowering the enormous mortality from cerebro-spinal meningitis.

—Reporter.]

Berne, Switzerland.

VALERIUS IDELSON, M. D.

## Medical Progress.

### THERAPEUTICS.

**Treatment of Consumption.**—Among other methods of treatment in pulmonary phthisis the following are given by Dr. William Pepper, in a clinical lecture (*Med. and Surg. Reporter*): Inhalations are better than the use of drugs in paroxysms of cough. As an inhaler he prefers a simple jar with ample cork; through the cork insert two tubes, have the material to be used placed in the jar and allow the patient to draw air through the shorter tube. This apparatus can be made into a portable form by using short bent tubes, corked at each end, in which is placed sufficient of the preparation for one dose. A number of these tubes can be carried in the pocket; when the patient feels that a spell of coughing is coming on, he can open a tube and inhale its contents. A fair prescription for this purpose is the following:

B.	Creasoti.....	ʒl.
	Tr. iodi.....	ʒiii.
	Chloroformi.....	ʒii.
	Alcoholis.....	q. s. ad. ʒl.

M.

Sig. Inhale ten drops.

Carbolic acid can be substituted for the creasote in somewhat smaller doses. Thymol, a highly volatile antiseptic, agreeable in odor, can be tried; tincture of conium can replace the chloroform; these are merely suggestions for your own improving. Occasionally, for a variety of reasons a cough mixture may be necessary. Given in syrup form the expectorants are apt to be somewhat nauseating. He prefers some such pill as the following, which relieves cardiac excitement in case of fever, is rather expectorant, and allays irritation.

B.	Ext. opii.....	gr. iii-v.
	Pulv. digitalis.....	gr. xv-xxx.
	Pulv. scillæ.....	gr. xv-xxx.
	Quinæ sulph.....	gr. xxx.

Div. in pil. No. xxx.

Sig. One, two to four times a day.

If the squills nauseates, it can be subsequently left out. In place of the opium if it is found to be too constipating codeia can be given.

Constitutional treatment which will favor the appetite, be

antiseptic and help to render the lung a less favorable nidus for the bacillus, can all be added in one prescription, such as the following, which is not unpleasant to take.

B	Creosote.....	gtt. xxxii.
	Comp. tincture of gentian.....	ʒi.
	Comp. tincture of nux vomica.....	ʒii.
	Whisky or brandy.....	ʒi.
	Glycerine.....	ʒi.
	Sherry wine.....	oi.

M.

Sig. Dose: A dessertspoonful to two tablespoonfuls.

**Intestinal Antiseptics.**—The Paris correspondent of the *Medical News* states that Professor Bouchard recommends the following in cases of gastric and intestinal fermentation as found in cases of gastric dilatation, in poisoning by decayed or diseased meats, in typhlitis, dysentery and typhoid fever, and in diseases in which there is insufficient renal secretion:

B	Beta-naphthol, finely pulverized.....	ʒss.
	Salicylate of bismuth.....	ʒij.

M. Divide in hostia No. xxx.

Sig. Give from three to ten daily.

Professor Dujardin-Beaumetz recommends the following:

B	Pure bisulphide of carbon.....	gr. xxv.
	Essence of peppermint.....	gtt. xxx.
	Water.....	ʒ xv.

M.

The mixture is placed in a large bottle, shaken, and allowed to settle: eight to twelve tablespoonfuls are to be given daily in half a tumblerful of water and wine, or in milk.

Dr. Huchard recommends:

B	Salicylate of bismuth	} ʒii.....
	Salicylate of magnesium	
	Benzoate of sodium	

M. Divide in hostia No. xx.

Sig. One to be given before each meal.

**Animal Virus in Phthisis.**—Dr. J. Hilgard Tyndale reports in the *New York Medical Journal* several cases of actively destructive suppurative processes of the lung, in all of which the bacillus tuberculosis was demonstrated, which improved under inoculations with animal virus. As it is only four months since this series was begun, definite results can not be given. The method in brief is as follows, and requires: 1°. The necessity of exact and localized

diagnosis. No case of mere connective-tissue processes, general or localized cirrhosis of the lung tissue, or binding down of the lung by pleuritic adhesions. The cases to be selected are active cavities and infiltrations, with suppurative expectoration and the presence of the bacillus. In all of his cases the temperature was persistently high. All but one had suffered great loss of flesh and were very anaemic. 2°. The substance used for inoculation is the *pure vaccine lymph* obtained from the cow. This is not the time and place to give the details of the technique of inoculation, which is tedious, and requires an exact attention to detail. 3°. Blood and fat formation, according to the requirements of each particular case. This line of treatment should be inaugurated from the beginning, or at least shortly after the first inoculation. 4°. Lung gymnastics. This feature of his mode of treatment is of equal importance with the others and should never be neglected. It consists of deep inspirations at stated intervals.

**Treatment of Croup.**—Dr. H. R. Wharton says in the *Medical News*: When I see a case of croup comparatively early in the disease when the symptoms are not so urgent as to demand immediate operative interference, I also employ this course of treatment which, I feel sure, often averts the necessity of operative procedure. If the case be one in private practice, I have the patient put into a room where there is a stove, and upon this is kept constantly boiling a large pan of water to moisten the air. If the room is heated by a furnace I use a gas stove or alcohol lamp to heat the water and accomplish the same purpose.

I give the patient internally :

B	Carbonate of ammonium.....	gr. ij.
	Syrup of senega.....	m x.
M.	Mucilage of acacia.....	3 ij.

To be given every two hours unless the patient vomits, in the event of which I diminish the frequency of the dose.

I also frequently employ a steam atomizer in the receiver of which is the following solution:

B	Sodium carbonate.....	3 <i>l</i> -3 <i>jss.</i>
	Glycerin .....	3 <i>j.</i>
M.	Water q. s.....	ad 3 <i>iv.</i>

This solution was first recommended by Mr. Parker, of London.

If the patient is old enough to be manageable he should inhale the vapor from this for a short time, at intervals of fifteen or twenty minutes. If the patient is unruly or so young as not to be able to inhale the vapor, I have the bed converted into a tent by the use of a few sticks and a sheet, under which the steam atomizer is kept in operation, the spray being directed as near to the mouth as possible.

**Guaiac Gargle.**—We find the following in one of our exchanges. To not a few of our practitioners who have passed their meridian, guaiacum is esteemed only a little less than a specific for "sore throat," tonsillitis especially. The following is a combination for a gargle that has been very useful:

R	Ammoniated tincture of guaiac,	
	Compound tincture of cinchona $\ddot{\text{aa}}$ .	3 iv.
	Chlorate of potash.....	3ij.
	Strained honey.....	3iv.
	Powdered acacia.....	q. s.
	Water.....	3ijss.

M.

Sig. To be used as a gargle, and a teaspoonful may be swallowed, every second hour.

**Somnal.**—Somnal, the new hypnotic, seems to be finding great favor at the hands of physicians. Dr. Frank Woodbury states (*Dietetic Gazette*) that having obtained specimens through Messrs. Eisner & Mendelsohn Co., he found it a valuable remedy in insomnia, due to acute alcoholism in thirty-minim doses at night. In a case of neuralgia of the bowels (visceral neurosis of Allbutt), where the patient had a sleepless night, a dose of twenty minims relieved nausea and pain, and the patient fell asleep. In cases of insomnia, fretfulness, and restlessness in young children, somnal with mint-water and syrup offers better results than opiates, and is much safer. The same remark probably applies to the use of somnal in acute pneumonia, but he has not been able to confirm this yet by actual trial. Without further going into detail, it may be stated in conclusion that somnal acts as a hypnotic, but instead of depressing the system as chloral does, it slightly stimulates the gastric mucous membrane, relieves nausea and pain, improves the appetite, increases secretion (probably), does not cause constipation. The circulation, respiration and temperature are not notably de-

pressed after its administration. No disagreeable after-effects have been observed. As it is rapidly eliminated from the body, it may be administered each night for a number of days without any obvious ill-effects. It acts very much like chloral, but is more pleasant to take, and not so depressing in its effects upon the nervous system and the circulation.

#### PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

**Enormous Dropsy of Belly.**—At a special meeting of the Allegheny County Medical Society, Dr. Lange said: I have a patient here, aged forty-eight years, who has been sick eighteen months. I present him because I believe him to have the largest amount of ascites ever recorded. He has interstitial hepatitis, or cirrhosis of the liver, and was tapped this morning, this being his ninety-ninth tapping, at each of which there has been evacuated from four to six gallons of serum. A year ago he required tapping every two or three days; at the present time we tap him once in five days. Once he went six days. Averaging the evacuation of serum at five gallons at a tapping will give a total of 495 gallons of serum which we have drawn from this man, or twelve and a half barrels, counting forty gallons to the barrel. His general health is moderate. As you see, he does not look very anæmic. He is not very sick. His functions are all fairly well performed. His appetite and digestion are fairly good and he sleeps well. If he could get rid of his dropsy, he would be in comparatively good health. He has no complications. His kidneys are normal; the same is true of his heart, and he has no pachymeningitis. The reason he has a greater amount of ascites than is common in cirrhosis of the liver, is because his collateral circulation is not as good as it usually becomes early in this disease. This lack of development of the collateral circulation is the cause of his greater than ordinary amount of dropsy. The blood in his portal vein being denied admittance to the liver, greatly overdistends the mesenteric veins, and this intra-venous pressure is the direct cause of his dropsy. The collateral circulation established is by anastomoses of the mesenteric with the abdominal veins, the coronary vein of the stomach with the veins of Glisson's capsule on the one hand, or with the phrenic veins on the other, the internal hæmorrhoidal with the hypogastric, and finally, as pointed out by Baumgarten, enlargement of the not yet obliterated umbilical

vein in the ligamentum teres. By all these ways the blood from the portal system reaches the abdominal veins—a direct reverse to the normal, and the greater or lesser perfection of this collateral circulation determines a small or a large ascites. In this case the abdominal veins, and the caput Medusæ, too, are not as large as usual, and as a consequence, the dropsy is so much larger. If this collateral shall improve, his dropsy will become more moderate; if it become perfect, this dropsy will disappear. But we do not expect this latter to happen. Dr. Flint reported two cases in which it did happen, but this is rarely the outcome of this disease, and we do not expect so favorable an ending. We expect, however, that his circulation will improve, and that he will then have a moderate dropsy only, and will have a fair degree of health and perhaps again become a useful member of society.

**Analysis of Koch's Lymph.**—The *Medical Record* quoting from the *Lancet* states that Professor Schnitzler of Vienna has analyzed Koch's lymph with the following results: It is a syrupy, slightly foaming liquid of brown color, its aqueous solutions showing a greenish fluorescence. In odor it resembles elder yeast or leaven combined with a sweet aromatic admixture such as honey. If slowly heated the smell of yeast gives way to an agreeable odor resembling fruits; on further heating the smell becomes like that of fresh bread crust, but without the acid character of fruit. If the heating of the substance is continued the smell assumes the empymoreumatic character of that exhibited by burning albuminous matter and carbonizing horny substances. Only an extremely small quantity of ash (under one per cent.) was obtained. The liquid shows a neutral reaction. Some of the liquid was diluted with water and subjected to various tests. By adding diluted acetic acid it becomes slightly opaque, by which the presence of a small quantity of mucin is indicated; by further adding potassium ferrocyanide the opacity of the liquid is increased, showing the presence of albumin; but this reaction is too feeble to indicate the amount of the active principles in the lymph. On the other hand, the biuret reaction characteristic of peptones is very strongly marked. The tests for cyanogen compounds gave perfectly negative results, and the assumption that Koch has been using cyanides of gold or prussic acid seems therefore completely erroneous, as no met-

als could be detected in the liquid. Traces of reduction were observed after treating the liquid with Fehling's solution, but the presence of sugar among the reducing substances could not be confirmed. Sulphur and phosphorus in an organic form proved to be absent. As only a small quantity of the lymph could be used for chemical examination, it was impossible to shake the liquid with ether and alcohol for the purpose of separating the alkaloids, if present, from the albuminoids, but the reagents which reveal the presence of alkaloids and ptomaines even when mixed with albuminoids—*e. g.*, acid bichromate of potassium—failed to give a reaction, so that the absence of alkaloids and ptomaines may be taken for granted. It seems, therefore, that, besides the peptones, the principal active substances contained in Koch's lymph belong to that not yet chemically defined class of the protein bodies called toxalbumins, globulins, or enzymes, which play such an important rôle in all fermentative processes, from the chemical changes produced by common yeast in the products of the vegetable kingdom up to the coagulation of the blood in animals.

#### DISEASES OF WOMEN AND CHILDREN.

**Rupture from Trauma in Ectopic Gestation at about the Fifth Month—Laparotomy—Recovery.**—At a recent meeting of the New York Academy of Medicine, Dr. Thomas H. Manley presented the fœtus, some clots, and the patient, in a case of ectopic gestation. The woman had fallen into a trench about nine days before she came under his care, and afterward suffered pain in the region of the lower abdomen. She had ceased to menstruate in April, some five months before, and had afterward shown the usual symptoms of ordinary pregnancy. She had a flooding two days before he saw her, and an obstetrician supposed there had probably been an abortion. Dr. Manley found distinct signs of peritonitis, and in the left iliac fossa he felt a fulness. Supposing this might be pus, he recommended an incision. The patient was much exhausted, and it was a question whether she would survive. The next morning, in the presence of Dr. Malcolm McLean and others, he made a median incision, came down upon a mass of blood-clots, and then upon a placenta, and after some search found the fœtus near the right kidney. The fœtus was about eight inches and a half in

length, and evidently had reached the fifth month. The operation was one of the simplest which he had ever performed ; there was very little haemorrhage; the woman made a very good recovery, and was present at the meeting. The case was an extremely rare one. Dr. Thomas had stated that only two cases had been recorded in this country in which the woman had recovered after rupture from traumatism in ectopic gestation past the fourth month.

**A Case of Superfœtation.**—Dr. J. J. Gauthreaux's last article contributed to the *New Orleans Medical and Surgical Journal* contains the report of a case of superfœtation which is about as follows: He was called June 13, at five o'clock A. M. On his arrival at the house, at 6 A. M., he found a pair of twin boys just issuing from the vulva, supposed to be about three and a-half months, being between five and six inches long; of natural appearance in every way; there was no cyanosis or ecchymosis on any part of the body, which indicates that they could not have been dead for any considerable time previous to their birth. There was but one placenta, with two distinct umbilical cords with separate attachment. The placenta was attached to the lower third of the right side of the uterus, the edge so close to the os that it suggested to his mind a case of placenta prævia. The mid-wife, contrary to his instructions, not to interfere in any way, in his absence, gave her a teaspoonful of fluid extract of ergot at half past four, which brought the child in the lower pelvis. All labor pains having ceased, he was sent for again in a hurry at six o'clock P. M. On his arrival, he found the head of the child low down in the vagina. The woman being exhausted, he applied the short forceps and delivered the mother in a few moments of a child apparently seven and a-half months, the navel cord encircling the neck of the child. The placenta was attached to the fundus of the uterus. There being no cause for immediate interference, he permitted her to rest half an hour, after which he extracted the secundines. Both placentas and cords were proportioned to the respective ages of the foetuses. The amnion and chorion were distinct and entire in both placentas. The small placenta was about four inches in diameter, the larger one about seven inches. The younger foetuses were about five inches long, and the older one about fifteen.

## SURGERY.

**Treatment of Pott's Disease.**—Dr. V. P. Gibney states as conclusions to a clinical lecture on the above subject (*Med. and Surg. Reporter*) that: 1°. The treatment of Pott's Disease of the Spine should be the application of a perfect fitting splint to the back so as to avoid all friction or irritation from the slightest movement. 2°. The splint should be removed very infrequently, and, as a solid plaster-of-Paris jacket well applied must necessarily remain on a long while, this makes the best appliance for the average surgeon to employ. 3°. The jury mast or head spring should be used where the disease is above the eighth dorsal. 4°. Abscesses should be treated according to circumstances. No hard and fast rule can be laid down for their management. When they are opened, antiseptic precautions must be observed, not only at the time of opening, but on many subsequent dressings. 5°. It required from two four years to effect a cure in this disease. 6. The appliances should be such that the patient can have the benefit of fresh air, an out-of-door life, and the best climate possible.

The signs of convalescence are these: freedom from pain; no tenderness on concussion or jar; the improved condition of health and a general appearance of ankylosis. By "general appearance of ankylosis," he means compensating curves above and below the bosse.

**Fuchsine in Chronic Ulcers.**—Dr. Julius Rosenberg states in the *Medical Record* that he has employed fuchsine for the treatment of chronic ulcers in the form of the following solutions:

I.			
B.	Fuchsine	.....	gr. xij.
M.	Alcohol	.....	O.J.
II.			
B.	Fuchsine	.....	gr. xij.
M.	Alcohol	.....	ʒ j.
	Aquæ	.....	ʒ iv.
III.			
B.	Fuchsine	.....	gr. xij.
M.	Alcohol,	.....	aa ʒ viij.
	Aquæ	.....	

Of these solutions No. III. has been the most useful. The mode of application is as follows: The wound, after

being washed with water, is well saturated with the solution, and a piece of lint soaked in the same solution is placed upon the raw surface, ordinary cotton-wool is wrapped around the limb, and bandages applied. This dressing is to be changed every two to four days. The results are very striking; discharge and odor cease immediately; pain, if it has been present, disappears, and healthy granulations soon spring up. Cases which did not respond to other treatment rapidly improved and were cured with Uchsine. He did not observe any bad effects in about forty cases thus treated. The disadvantages are that it stains so freely, but if a little care is used there is no need to soil the hands or linen. He has found a small glass syringe very useful in applying it, and cotton-wool, which has not been deprived of its oil, will prevent it from penetrating the dressing. The advantages are: 1°. That it is a very inexpensive drug and well adapted for hospital and dispensary practice. 2°. It has great analgesic powers, it having arrested pain in every instance. 3°. If properly applied it will arrest suppuration and odor absolutely. 4°. It produces improvement and cure in most every case.

**Tin Plates for Treatment of Ulcers.**—Dr. E. R. Moras claims most excellent results from the use of tin plates (*Medical News*) in the treatment of indolent ulcers. The method is about as follows: With ordinary strong shears cut a piece of tin corresponding to the shape and size of the ulcer, but large enough to overlap one fourth of an inch of the surrounding skin. Slightly evert the sharp edge of the plate, and cut a piece of oiled silk or rubber-tissue protective, of the same size. These are placed in a bichloride solution. The ulcer and surrounding surface are washed with bichloride solution; the protective is then placed over the ulcer, the tin plate over the protective, and firmly fixed with adhesive strips. Be careful that the plate is adjusted with uniform pressure. As a rule, only a light dressing, such as one of gauze, is necessary, for when the secretions are profuse the patient himself may be allowed to renew the outer dressing every second day, and wash away the offensive discharges surrounding the tin plate with plain warm water, or an anti-septic solution. No preparatory treatment of the ulcer is needed, unless the granulations are unusually elevated above

the skin, when they may be leveled by one application of lunar caustic. When the ulcer is entirely healed it is advisable to reapply the tin plate for a week longer, that the delicate centre may have protection while it is becoming firmer. In cases which require it an elastic stocking of flannel bandage should be worn during the day as long as necessary. The same piece of tin is used throughout the treatment, and is trimmed to meet the requirements of the varying size and shape of the ulcer. The first two, or possibly three, changes of the primary dressing are made at intervals of four or five days, after which it will seldom be necessary to change oftener than every eighth, ninth, or tenth day.

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#### Literary Notes.

The Medical Review Visiting List is a new candidate for professional favor. It is a weekly call list which may be begun at any time and contains the usual reading matter which we find in publications of a similar nature. J. H. Chambers & Co., of St. Louis, are the publishers, from whom it may be obtained, the price being \$1.00.

The University Medical Magazine announces a new department in its general make-up. This will consist of the addition of notes on medical progress. To accomplish this from sixteen to twenty-four pages will be added, although the subscription price will remain the same. This is a good move on the part of the *Magazine*, and one which will be appreciated by its numerous friends and readers.

The Bacteriological World has made its initial bow. It is a fifty-six-page octavo devoted to the study of micro-organisms and diseases of bacterial or parasitic origin, issued at Columbia, Mo., at the rate of \$3.00 per year. Dr. Paul Paquin, Director of the Bacteriological Laboratory, Missouri State University, and State Veterinarian, is the Editor. We bespeak the journal a prosperous and successful future.

The Physician's Hand-Book for 1891 comes to us just as we are going to press. It was devised by Dr. Elmer, and published for over thirty years by the W. A. Townsend Publishing Company. G. P. Putnam's Sons, of New York, issue it now. We need not refer to its valuable features as the very

fact that it has been published for such a number of years is another proof of its popularity with the medical profession as a visiting list. It contains 134 pages of reading matter, besides ample room for keeping a record of visits, etc., and forms a compact and neat book for the pocket.

The Medical Bulletin Visiting List is one which has been issued for some years with the success which always attends a publication having a host of friends. It is perpetual and is so arranged that, while it gives a weekly record, there is no necessity for transcribing names more than once a month. F. A. Davis, the well-known Philadelphia publisher, issues three styles at the respective prices of \$1.25, \$1.50 and \$1.75.

The Monist, a philosophical quarterly issued by the Open Court Publishing Company, of Chicago, continues to be more interesting with each number that is issued. The January number is one replete with articles of the greatest interest to physicians. The well-known standing of its contributors is a sufficient guarantee of its contents. So far as good reading matter is concerned, no better investment could be made than a subscription to this valuable magazine.

The Physicians' All-Requisite Account Book, designed by Dr. William A. Seibert, and published by F. A. Davis, of Philadelphia, is a labor-saving device in the way of book-keeping. We can best describe it in the words of one of our contemporaries as possessing, among other advantages, "completeness without sacrificing anything; need of only one entry; can be commenced at any time of the year; many more times the number of accounts than are found in any other book of similar size; every account complete on the same page; one person must be sick every day of the year to fill the space for his account; so then, ordinarily, the page given to one account is sufficient for years." The price is: for 900 accounts, \$5.00; for 1,800 accounts, \$8.00.

Materia Medica for Nurses is a clever compilation by Lavinia L. Dock, who is certainly qualified for the work on account of her experience as a nurse. We are informed by the author that the reason which called forth this work is the fact that, so far, no text-book on materia medica has been prepared for the use of the pupils in training schools

for nurses. The works on *materia medica* are attended with some inconveniences, as the application of medicine to disease is no part of a nurse's study. Keeping this in mind, the author has produced a good book which will prove of the greatest value as a text-book as well as a work of reference for trained nurses. The classification of Brunton and Bruce has been followed, and the dosage is from Wood. This little book of 201 pages is published by G. P. Putnam's Sons, at the price of \$1.25.

**Causes and Treatment of Sterility** is a little 24-mo., translated from the French of Gérard by Dr. Charles Everett Warren. It is a very *spirituel* work, and the sprightliness of the author has been well reproduced in the translation. The miniature reproduction of the engravings, found in the original, adds to the interest of the opuscule. The present is merely the first part, dealing with latent sterility and incidentally with fecundation, etc., and the effects of general conditions upon this function. The book has been printed for the private use of the profession only, and we await with impatience the appearance of the succeeding parts. In these the subject will be continued in its various and varied phases until completely discussed.

The **Transactions of the American Dermatological Society** at its fourteenth annual meeting make up an octavo brochure of fifty-two pages, in which a synopsis of the papers read, together with the discussions, are reported in a very interesting manner by the secretary, Dr. George Thomas Jackson. The Association has considerably increased in numbers, the accretions as well as the membership being from the Eastern seaboard. In fact, there are but six members located west of Philadelphia, and none west of St. Louis. If we had any criticism to make in connection with the transactions it would be simply the fact that the papers are not all printed in full. This, we believe, would make the transactions much more valuable and might possibly establish such a demand for them as to justify the expense of issuing them in that shape. As they are, however, they are valuable, although we miss one of the features in the present number—the report of the committee giving the number of cases observed by the members.

The Modern Treatment of Headaches is not the least valuable of the Physicians' Leisure Library issued by George S. Davis, of Detroit. Within its 122 pages are given the experience of Dr. Allan McLane Hamilton, together with the methods and remedies which he has found most useful in practice. The scope of this brochure may be surmised when we state that the author divides headaches into the following classes: congestive, anæmic, organic, toxic, neuralgic, and neurasthenic. He discusses each variety and is as complete as the limits of space will permit him. He dwells at some length upon the therapeutics of each, thus giving a practical character to the whole. Some illustrations are given, but we have failed to find figure 2. This book is uniform with the rest of the series and sold at the same price—twenty-five cents.

The Review of Insanity and Nervous Diseases, beginning with the February issue, will contain illustrations of the normal and pathological anatomy of the nervous system. Special attention will be paid to the subject of localization of disease of the cord and brain, difficult points will be thoroughly elucidated, and the diagnosis of morbid conditions of those parts simplified as much as possible. These illustrations will be a permanent feature of the journal. Subscribers, without any additional cost, will thus after a time possess an illustrated volume of the normal and pathological anatomy of the nervous system that will be thoroughly practical and unique in its arrangement, and invaluable for the purpose of diagnosis. When necessary, a descriptive text will accompany all illustrations. This department will be under the direction of Sanger Brown, M. D., of Chicago.

The Patient's Record is a blank book compiled by Agnes S. Brennan for the use of physicians and nurses. It is ruled off into columns in which may be noted the date, time, temperature, pulse, respiration, medicine, nourishment, stimulants, state of urine, and remarks. A feature consists in the intercalation of slips upon which the doctor's orders may be written. In the back part of the book are removable charts for physicians, upon which may be traced pulse and temperature curves as well as the respiration and amount of urine. It is altogether a compact, handy, and valuable auxiliary to treatment and should find its way into

every sick-room in which any case requiring a nurse is situated. Messrs. G. P. Putnam's Sons, of New York, are the publishers of this record, which will no doubt meet with favor at the hands of the profession.

**Pamphlets Received.**—We have received the following pamphlets during the past month and herewith return our thanks therefor: The Treatment of the Morphine Disease, by J. B. Mattison, M. D. (Reprinted from the *Therapeutic Gazette*, Sept. 15, 1890.); Quinine as Prophylactic or Preventive against Malarial Fever; The Relation of Bacteria to Practical Surgery, by John B. Roberts A. M., M. D. (Address in Surgery delivered before the Medical Society of the State of Pennsylvania June 4, 1890.); Report for the Year 1889-90, presented to the Board of Managers of the Observatory of Yale University to the President and Fellows; Further Notes on the Chigger, by Dr. H. M. Whelpley, F. R. M. S. (Reprint from the *Popular Science News* for July, 1890); Guaiacum as a Purgative, by William Murrell, M. D., F. R. C. P. (Reprinted from the *Medical Press and Circular*, Nov. 5, 1890); The Rotary Element in Lateral Curvature of the Spine, by A. B. Judson, M. D. (Reprinted from the *Medical Record*, Nov. 1, 1890.); Annual Announcement of the Kentucky School of Medicine, Louisville, Session of 1891; Treatment of Ectopic Pregnancy with Report of a Case by William H. Wathen, M. D. (From the *New York Medical Journal*, March 15, 1890.); A Successful Vaginal Hysterectomy for Carcinoma Uteri, by William H. Wathen, M. D. (From the Transactions of the Southern Surg. and Gyn. Soc.); Treatment of Catarrh, by J. J. Stephens, M. D. (Reprint from the *St. Louis Courier of Medicine* Sept. 1890); Annual Address of the President of the Missouri State Medical Association, May 6, 1890; Hysterical Amblyopia, by James A. Campbell, M. D. (Reprint from the *Clinical Reporter*, Oct. 1890.); A New Adjustable Lamp Bracket, by Seth S. Bishop, M. D. (Reprinted from the *Journal of the American Medical Association*); Imperforate Auditory Canals, by Seth S. Bishop, M. D. (Reprinted from the *Journal of the American Medical Association*); Transactions of the American Dermatological Association at its Fourteenth Annual Meeting, held at the New Bathing Establishment, Richfield Springs, N. Y., Sept. 2-4, 1890. Official Report of

the Proceedings by Geo. Thomas Jackson, M. D., Secretary; The Abuse of a Great Charity, by George M. Gould, M. D. (From the *Medical News*, Nov. 22, 1890.)

**Books Received.**—The following books were received during the past month, and will be reviewed in due course of time:

Medical Bulletin Visiting List. No. 1, \$1.25; No. 2, \$1.50; No. 3, \$1.75. Philadelphia: F. A. Davis.

The Patient's Record, for the Use of Physicians and Nurses. Compiled by Agnes S. Brennan. 4to. [New York: G. P. Putnam's Sons, 1890. Price, \$2.00.

The Biography of Ephraim McDowell, M. D. By his Granddaughter, Mary Young Ridenbaugh. 8vo., pp. 558. [New York: Charles L. Webster & Co., 1890.

A Manual and Atlas of Medical Ophthalmoscopy. By W. R. Gowers, M.D., F.R.S. Third Edition. Edited with the assistance of Marcus Gunn, M.B., F.R.C.S. 8vo., pp. 330, and twelve plates and eighty-three wood cuts. [Philadelphia: P. Blakiston, Son & Co., 1890. St. Louis: Jno. L. Boland Book and Stationery Co.

How to Preserve Health, by Louis Barkan, M. D. Small 8vo., pp. 344. [New York: American News Co., 1890. Price, \$1.00.

Cause and Treatment of Sterility in Both Sexes, and Fecundation by Artificial Methods. Translated from the French of Dr. J. Gérard, with Notes by Chas. Everett Warren, M. D. 12mo., pp. 73. With 200 Illustrations, designed by Jose Roy. [Boston: The International Medical Exchange. Printed for Private Use Only by the Profession.

Weekly Medical Review Pocket Reference Book and Visiting List, Perfected. St. Louis: J. H. Chambers & Co. Price, \$1.00.

A Practical Treatise on Impotence, Sterility and Allied Diseases of the Male Sexual Organs, by Samuel W. Gross, A.M., M.D., LL.D. Fourth Edition, Revised by F. R. Sturgis, M.D. 8vo., pp. 173. [Philadelphia: Lea Brothers & Co., 1890.

The Modern Treatment of Headaches, by Allan McLane Hamilton, M. D. 12mo., pp. 122. [Detroit: George S. Davis, 1890. Physicians' Leisure Library. Price, twenty-five cents.

### Melange.

**Diplomas in Colorado.**—The Colorado State Board of Health, after July 1, 1893, will not accept the diplomas of any school which does not have an obligatory three years' course of instruction of five months each, in three different years.

**Death of Dr. J. H. Baxter.**—The Surgeon-Generalship of the United States Army is once more made vacant by the death of Dr. Jedediah H. Baxter. Dr. Baxter died at Washington, December 4th last, having been stricken by paralysis a few days before. He was born at Derby Line, Vt., May 11, 1837.

**Cæsarean Section.**—We read in the *Dublin Journal of Medical Science* that the first successful case of Cæsarean section on the living patient performed in the three kingdoms was performed in January, 1738, by a handy-woman, Mary Dunally, with a razor, on Alice Neal, at Charlemont, between Armagh and Dungannon. Twenty-seven days after the operation the patient was able to attend Armagh market, walking to and from the city with her marketing.

**A Long Course of Study.**—*Nature* states that a traveler named Plitsyn has returned from the Transbaikal Province of Thibet, with a collection of medical books and drugs, which illustrate the knowledge and methods of practice of physicians in that country. The Lamas' University has a course which extends over ten years. The first four years are devoted to the study of languages and theology. Then medicine proper is taken up three years. Astrology next occupies a year, the last two being devoted to philosophy.

**The Trouble with the German.**—Dr. Charles L. Dana, in a report on Neurology and the Berlin Congress, made to the *Post-Graduate*, says among other things that at entertainments in which beer-drinking forms a prominent feature the German is at his best. He goes on to state, however, that it may be observed on occasions of this sort that the only trouble with the German socially is that he cannot cross his legs. Social intercourse can never reach its best, highest, and sincerest expression without a capacity for this anatom-

ical position. In action the legs are parallel, in emotion they assume various expressive attitudes; but in the calm enjoyment of social life and supreme good-fellowship they are crossed. Whether this physiological incapacity of the German is due to an absence of cortical areas for the adductors, or to peripheral neural weakness, or simply to an excessive intra-crural panniculus adiposus, we cannot say; but it is a racial defect that is deep-seated and pathetic.

**Dr. Lassar's Case.**—A number of items have been going the rounds in regard to Dr. Lassar's visit to this country. As will be remembered, Dr. Lassar was the Secretary-General of the last International Congress, and his visit was attributed to a number of causes ranging from financial troubles to the displeasure of the Empress. Dr. Lassar himself has conclusively shown that he had the trip in contemplation before the Congress met, and the fact that he has returned to Berlin and resumed his official position and residence in that city, is sufficient to refute all the ill-founded rumors which were circulated against him, and probably prompted by malice.

**The Pittsburgh Leper.**—The *Pittsburgh Medical Review* thus disposes of a sensational report: Pittsburgh has achieved some notoriety by the report that a leper had been found within her boundaries. The true story is that a Russian Jew was found upon the street by the police. He was taken to the police station-house and there inspected by some newspaper men who decided he had leprosy. Singular as it may seem, their diagnosis was not correct; the police surgeon inspected the patient, and discovered that he was the victim of a syphilitic eruption, and had no claim to the distinction with which he had been honored by the newspapers.

**A New Medical Discovery for Sea-Sickness** has been announced, which is simply invaluable, says the *Saccharian*. It is a sure method of preventing sea-sickness, and a new proof of the truth of homœopathic dogma. All one has to do in order to cross the Atlantic without an abdominal pang, is to produce artificial sea-sickness on shore previous to making the passage. For two weeks before going to sea it is necessary to take continual doses of some approved emetic—say ipecacuanha. The system thus becomes habituated to a constant condition of nausea, and when, after a fortnight of this

process, the patient goes on board a steamer and ceases to take his emetic, his stomach scorns to yield to sea-sickness, and he has a week of comparative internal peace. Of course, there will be fault-finders, who will ask if it is worth while to be sick two weeks on shore in order to avoid one week of sickness at sea, but a flippant and trivial objection cannot lessen the value of a great medical discovery.

**Koch's Lymph.**—The *Boston Medical and Surgical Journal* publishes the following: After going to press we received the following cable from Dr. Harold Ernst, in Berlin, under date of December 10: The secret of making Koch's material has been turned over to, and kept by the German Government only until a thorough trial can be made. The effect in lupus and surgical tuberculosis is most striking, because the results can be seen. The most wonderful property is the selective affinity for tuberculous nidus, often making latent centres active. Pulmonary tuberculosis will have to be under observation for a long time still before permanent result is determined. The action of the material is certainly as wonderful as that of any known medicine.

Some Paris chemist claims that an analysis shows the lymph to consist of ptomaines, glycerine and cyanide of gold. Others contend that it is a pure cultivation of tubercle bacilli, the nutrient medium being filtered, and so on *ad nauseam*.

**Law Regulating Medical Experts.**—The Medico-Legal Society of Denver not long since adopted through its committee, the following resolutions: 1°. That it is the sense of this Society that its Committee on Legislation should endeavor to have a law enacted at the approaching session of the State Legislature empowering and requiring the judge, before whom a case necessitating medical expert testimony is not to be tried, to select one or more medical experts, the number depending upon the importance of the case, the wishes of the attorneys for both sides, and upon the approval of the presiding judge. 2°. That the Board of Physicians so selected by the court be required to examine the claimant or defendant jointly as a Board, and that other physicians selected by the attorneys for either side be permitted to be present and participate in the examinations and discussions of the Board. 3°.

That the physicians selected by the court be required to testify in court concerning their examination and submit to cross-examination as is now the custom. 4°. That a definite expert fee be allowed by the court and paid by the county for each of the physicians selected by the judge.

**The Mattison Prize.**—With the object of advancing scientific study and settling a now mooted question, Dr. J. B. Mattison, of Brooklyn, offers a prize of \$400 for the best paper on "Opium Addiction as Related to Renal Disease," based upon these queries: Will the habitual use of opium, in any form, produce organic renal disease? If so, what lesion is most likely? What is the rationale? The contest is to be open for two years from Dec. 1, 1890, to either sex, and any school or language. The prize paper is to belong to the American Association for the Cure of Inebriety, and be published in a New York medical journal, *Brooklyn Medical Journal*, and *Journal of Inebriety*. Other papers presented are to be published in some leading medical journal, as their authors may select. All papers are to be in possession of the Chairman of Award Committee, on, or before January 1, 1893. The Committee of Award will consist of Dr. Alfred L. Loomis, Pres. N. Y. Acad. of Medicine, Chairman; Drs. H. F. Formad, Phila.; Ezra H. Wilson, Brooklyn; Geo. F. Shrady, and Jos. H. Raymond, editor *Brooklyn Med. Journal*.

**A Tribute to Physicians.**—It is not often that the medical profession receives praise and when tendered it is proportionately appreciated. According to the *Medical Standard*, Dr. Eccles, in a recent essay read before the Brooklyn Ethical Association, paid the following eloquent tribute to the profession: Medicine, in all ages has attracted into its ranks the most self sacrificing members of society. As a science it was born in altruism. To this day it offers the greatest opportunities of any department of life for the practice of the most ennobling graces of character. Medical men stand alone on the earth among all others, striving with their whole might to extinguish their own business. They preach temperance, virtue and cleanliness, knowing well that, when the people come to follow their advice, their occupation like Othello's will be gone. They establish boards of health to arrest the spread of disease, while well assured that such sanitary measures steal money from their purses. How well they

succeed is shown by official statistics. Nobody ever fails to send for a physician in typhus fever; only six persons in a million die of this disease. Many more used to die when no effort toward its suppression was made. Whooping-cough seldom frightens patients and neighborly old ladies give advice. As a consequence 428 in a million die of this disease. Measles being a little more serious, needs the doctor oftener; only 341 in a million die. Scarlet fever is still more alarming so that medical advice is more in demand and 222 in a million die of it. Diphtheria frightens still more, thus assuring the doctor's presence oftener, and 178 in a million die. It is thus with every disease; the fewer it kills the more people fear it, because if they did not fear it they would play the fool and give it a chance to kill more people. If bakers, grocers, dry-goods men, carpenters, tailors, and members of all other lines of business, gave as much of their labor in charity as doctors do, poverty would be wiped from the earth.

The Worship of Æsculapius.—The *Quarterly Review* states that the admirable fooling of the Plutus of Aristophanes brings vividly before us the customs of the Æsculapius worship of Athens, the sleeping of the patients in the temple of the god, and his appearance in the dead of night to counsel and restore them. Some modern writers have tried to show that the real healing power of the temples of Æsculapius lay in the salubrious sites and gushing fountains, in the daily walks in their shady arcades, and the freedom from business and dissipation which they offered. Such a view is quite in accord with the materialism which always prevails in the great medical schools. But it is not in accordance with the facts. There were medical schools in antiquity, of which writings like those of Celsus give us a high opinion, and they probably looked on the temples of Æsculapius in much the same way in which modern physicians look upon hypnotism and faith-healing. The fact appears to be that the priests of Æsculapius had no competent knowledge of medicine; and the site of the temple, at Athens, at least, was anything but salubrious, hidden under the rock and exposed to the full power of the sun. The throng which filled the halls of the god was a proof that the heart of the people was in revolt against the materialism of the profession. People came to Æsculapius to be healed because they preferred divine to human aid; perhaps because human aid had done all it could for them without result. And, probably, the great majority went to sleep in the temple of the god with a strong faith that he would really take compassion on them, and either work a direct miracle on their diseased members, or, at least, give them advice by which they might profit. That faith in the votaries should be sometimes met by imposture on the part of the priests was nat-

ural. As to the relative proportions in the whole cult of belief and of imposture, we have insufficient means of judging, in spite of numerous recent documents recovered from Epidaurus, the chief seat in Greece proper of the worship of Æsculapius. These documents record a number of miraculous cures, some even of an extravagant description, but they give us but little idea of the manner in which they were brought about. The existing remains at Athens help us to reconstruct the daily life of the patients of Æsculapius, but do not offer us any material for the history of ancient medicine. Even the models of limbs which were commonly dedicated to the god by those who had been cured, and which were as common in Greek temples as they still are in the churches of Belgium and Italy, have in this case not been found. The worship of Æsculapius belongs in Greece mainly to the later age, when the decay of civic life and practical politics had left men more at leisure to study the symptoms of their own complaints, and when the people had so far fallen away from their allegiance to the great civic deities as to be ready to devote themselves to cults of a newer kind and more marked by actuality.

### Local Medical Matters.

**Death of Dr. Outley.**—Dr. Fred. T. Outley, a well known physician of this city died December 27 of pleuro-pneumonia. Dr. Outley was within one month of completing his thirty-sixth year. He leaves a wife and one child to mourn his loss which has been deeply felt by the profession of this city.

A Koch Hospital is one of the possibilities of the near future for St. Louis. One of our enterprising young doctors has gone to Berlin; and, upon his return, it is said that he will begin the Koch treatment. It is further averred that he has been offered the financial backing to start a hospital for this purpose.

The Health Commissioner, it has been whispered, is contemplating taking an important step. This is no less than entangling himself in the meshes of matrimony. Not having had an opportunity of interviewing him on the subject, we can not speak "by the card," but it would be a good move in the right direction.

Dr. A. V. L. Brokaw met with an accident on December 23, last, which fortunately did not prove serious. As he was driving his horse took fright and he was precipitated from his buggy with some considerable violence. As it was he escaped with a few bruises, rather severe in character, but which did no further harm than confine him to his room for a few days.

### Business Items.

**Syrup of Figs.** (Syr. Fici Cal.) In order to meet the almost universal demand for a safe, reliable and elegant liquid laxative, the California Fig Syrup Co., of San Francisco, Cal., Louisville, Ky., and New York, N. Y., is utilizing the delicious Blue Fig of California in the preparation of SYRUP OF FIGS, an agreeable and effective laxative or purgative, according to the dose and manner of administration.

SYRUP OF FIGS is delightful to the taste, and may be taken by every one, from infancy to old age.

SYRUP OF FIGS does not debilitate, and is perfectly safe.

The dose as a purgative, for an adult, is from one-half to one tablespoonful, and may be repeated in six hours if required. As a laxative, one or two teaspoonfuls may be given at bedtime, or before breakfast.

For children, the dose may be regulated according to the age and desired effect.

SYRUP OF FIGS is recommended and prescribed by prominent physicians in all sections of the United States, and gives general satisfaction.

In addition to the Blue Figs of California, we use the juice of true Alexandria Senna, representing the laxative and purgative principles, without the griping properties; also pure white sugar, and an excellent combination of carminative aromatics.

Devoting our entire attention to the manufacture of SYRUP OF FIGS, after a thorough study of the results to be accomplished and of the best methods to produce a perfect laxative, and with complete manufacturing facilities especially adapted to the purpose, we are enabled to offer to the medical profession, in SYRUP OF FIGS, a laxative which, though simple in itself, cannot be produced in all its excellence by other parties, and we believe and trust that physicians will not permit imitations to be used when they prescribe SYRUP OF FIGS—(Syr. Fici Cal.)

SYRUP OF FIGS is manufactured only by the California Fig Syrup Co., of San Francisco, Cal., Louisville, Ky., and New York, N. Y. It is sold to the drug trade in bottles of two sizes only: the smaller bottles containing full four ounces, and the large size about ten unclos.

**Antikamnia.** (Opposed to pain.) The American analgesic, antipyretic and anodyne. No cyanosis, no excitation, no evil after-effects follow the exhibition of antikamnia. A new combination of coal tar derivatives of the series of  $C_n H_{2n+4}$ .

CINCINNATI, OHIO, Nov. 19, 1890.

ANTIKAMNIA CHEMICAL CO., St. Louis, Mo.:

Dear Sirs—I have made a thorough trial of "Antikamnia." In one case of extreme nervous irritability and prostration, accompanying neuralgia, I found it to be as efficacious as morphine, without any systemic disturbance. In the hectic fever of consumption (tuberculosis), it checked the paroxysms of fever, lessened the sputa, and completely checked the cough, so as to allow a chance for recovery.

705 Vine St. —J. L. WAFFENSCHMIDT, M. D.

1 oz. package, \$1.00. Further information and samples sent free to any reputable physician on application. Antikamnia Chemical Co., St. Louis, Mo.

A. W. MacFarlane, Fellow Royal College Physicians, Edinburgh; Fellow Royal Medical and Chirurgical Society of London; Examiner in Med. Jurisprudence in the University of Glasgow; Honorary Consulting Phys. (late physician) Kilmarnock Infirmary; formerly Examiner in Medicine and Clinical Medicine in the University of Glasgow, &c., &c., in his monograph, "Insomnia and its Therapeutics," says:

"BROMIDIA (Battle) has in several instances been found reliable, in drachm doses, given in syrup and water at intervals of an hour until sleep is induced."—*Wood's Med. and Surg. Monographs*, 1890.

B Aletris Cordial.....  
Sig. One teaspoonful three times a day.

The husband reported that the wife had the easiest time she ever had, and suffered no pain. When the next time came the menses did not appear, two bottles of ALETRIS CORDIAL were taken, and in regular time they were made happy by the advent of a bright bouncing girl. The above is one of several cases of the same kind I have had in my practice. I have been prescribing ALETRIS CORDIAL in my practice for about five years, and from its use during that time I have certainly had an opportunity of testing it very well, both singly and combined. When treating females of a weak, nervous, and hysterical condition, caused from uterine derangements, the following will relieve in nearly every case:

B Aletris Cordial.....  
Celerina.....

M.  
Sig. Two teaspoonfuls three or four times a day.

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## Original Contributions.

ON ECTOPIC PREGNANCY, WITH REPORT OF TWO CASES.\* By HENRY BANGA, M. D., Chicago, Ill.

On June 23d, 1890, a lady called at my office complaining of bloatedness, backache, and constipation. She gave her age as twenty-seven, was of American birth, had enjoyed perfect health up to her marriage four years ago; pregnant once, three years ago, labor at full term, normal. Right after she got up from confinement she had ulceration of the womb, for which she was treated over a year in Milwaukee. It is an exacerbation of this womb trouble (she thinks) that now compels her to consult a physician. Upon examination I found the cervix neither lacerated nor ulcerated. In the region of the right ovary there was a painful swelling; a thorough examination, however, was impossible, on account of the tenseness of the abdominal walls. I told the patient that part of her complaint was no doubt due to constipation, and that I would first try to relieve this and pay more attention to the womb later; I prescribed accordingly. About a week later, on the 30th of June, she again called at the office on account of constipation and intense bearing-down pains. I again examined and found the uterus decidedly larger than normal, the cervix peculiarly soft and doughy, the swelling on the right side of the womb seemed also somewhat easier to be felt. I told the patient I thought she was pregnant, and the bearing-down pains might

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\*Read before the Chicago Gynæcological Society, Sept. 26, 1890.

indicate a miscarriage. She repudiated the idea, as she noticed no subjective symptoms of pregnancy, and as she had always been regular with her periods. She had menstruated last on the 7th of June, and expected surely to menstruate again on the 7th of July.

On July 3d I was called to the patient's house. She suffered excruciating pains, beginning in the lower part of the abdomen and radiating down the thighs; the pains were steady and there were no intermittent, labor-like pains. Enemata opened the bowels, but did not remove the pains, which were only controlled by morphia. There was no nausea, no fever, appetite wonderfully good. In this way she passed a miserable time up to the 7th of July, the date of which the next expected menstrual period. For the first time in three years the menstrual flow failed to appear. On the 12th, however, there was a show, and on the 13th she flowed quite freely. Meanwhile I had made up my mind that she was undoubtedly pregnant; and in order to satisfy myself as to what had become of the swelling on the right side, I examined on the 14th. There was no doubt that it had decidedly increased and had pushed the uterus over to the left and somewhat forward. It was exceedingly painful. To all appearances I had to deal with a case of extra-uterine pregnancy. I thus informed the husband, and we decided to call Dr. Jaggard in consultation.

On the 18th we examined the patient under chloroform, and found the uterus enlarged, especially so in its antero-posterior diameter, pushed forward, and somewhat to the left. The cervix had the soft, doughy touch characteristic of pregnancy. To the right of the uterus, in a somewhat downward and backward direction, an elastic tumor of the size of a child's fist was felt. Between the uterus and tumor there was room enough to put in a finger. Dr. Jaggard confirmed my diagnosis, and also concurred with me in recommending immediate operation. This I did at the Michael Reese Hospital, Dr. Jaggard being present, on the 25th of July.

After opening the abdomen, the bowels appeared slightly stained with bloody serum. Pushing these back, the whole situation could be taken in at a glance. Having introduced a colpeurynter into the rectum (as I am in the habit of doing, in order to lift up smaller tumors situated deep down in the pelvis), I at once reached the tumor. There was, to the left,

the uterus, twice its normal size and very turgescent. The left tube, very much hypertrophied, as thick as the index, exhibited large veins. The right tube was still larger; its middle part especially showed an immense hypertrophy of its muscular elements, which spread like a fan over a tumor. The latter was of the size of a child's fist; it was glued by soft attachments to the uterus, the rectum, small intestines, cæcum, and right side of pelvis. These adhesions were so loose that they easily broke down under the finger. Very little haemorrhage followed. After thus freeing the bulk of the tumor a pedicle was easily formed. I first ligated the uterine end of the tube, then I secured, by three linked ligatures, the fimbriated end of the tube and part of the broad ligament, including also the ovary. After removing the tumor there was an annoying oozing from a separated adhesion to the rectum, so much so that I decided to use a tobacco-bag tampon with iodoform gauze, after Mickulicz. The patient rallied very readily from the operation. There was considerable bloody discharge through the tampon during the first two days. The tampon was removed on the sixth day. For a number of days the temperature rose to 101° in the evening, which elevation was due to the iodoform, as was clearly demonstrated by the prompt return of normal temperature as soon as we began using oxide of zinc and later on balsam of Peru. There is still (on October 26th) a small fistula left, at the bottom of which I think a ligature keeps up a little discharge;<sup>1</sup> otherwise the patient is well. She began menstruating, the first time after the operation, on September 18th.

Examination of the specimen showed that it was a case of tubal pregnancy. The ovisac proper was situated in the middle of the tube, while the upper wall of the tube—*i. e.*, the part next to the anterior abdominal wall—showed immense hypertrophy of its muscular fibres (they were as large as bundles of a strong biceps). The opposite side of the tube was thinned out so much that it seemed as though the ovum was ready to break through, out of the tube, into the cul-de-sac of Douglas. The amnion was intact; it contained about an ounce of fluid, and the foetus well differentiated and apparently about five weeks old. The ovary, which was removed together with the tubes, contained a cyst of the

1. November 11th, ligature extracted through fistula.

size of a small apple, being filled with a chocolate-colored, thin fluid.

Shortly after the preceding case had left the hospital, another one was brought in, of which the house physician, Dr. M. Goodkind, has furnished me with the following history: Patient æt. 40, menstruated at 14; menstruation every four weeks up to five years ago, when the flow became irregular, sometimes occurring twice a month; generally lasts seven days, without pain and of fair quantity. Patient menstruated last three months ago (May 20th). Married seventeen years; three confinements, all full term, normal labors; eldest child 13 years old, youngest 5. Six weeks ago (July 16th), while washing, she experienced sudden and excruciating pains in neighborhood of genitals, causing unconsciousness, which persisted for an hour. When she emerged from this condition, she described sensations of vertigo, tinnitus aurium, pain, dyspnœa, and utter prostration, causing such intense distress that she became quite incapable of any exertion, and took to bed. Accompanying these symptoms, she had alternating chills and fever, anorexia, nausea, and vomiting. A week after, she began to menstruate slightly, and has done so to date. These various symptoms caused a rapid deterioration in health, and on August 27th she entered M. R. Hospital.

*Status presens:* Patient of strong build, but extremely anaemic; has a haggard and careworn expression. She suffers with intense bearing-down pains. Abdomen presents a symmetrical enlargement, extending from the symphysis to one inch below the umbilicus, of fairly hard, elastic consistency. No foetal sounds.

By bimanual exploration, we found the cervix pushed up behind the symphysis by a round-shaped tumor resembling a small head descending down upon the floor of the pelvis. It was impossible to properly locate the fundus uteri, its outlines being lost in the tumor, which extended from the posterior cul-de-sac along the region of the left broad ligament to within an inch below the umbilicus. It seemed to fluctuate, and, in fact, to present all the symptoms of a haematocele. I inserted an aspirator needle, but did not get any fluid. The following days the patient had a little fever, the temperature ranging in the evening between 100° and 102°; the pains

were controlled by morphia, but the tumor seemed to rather increase, causing retention of the urine, necessitating frequent use of the catheter. I deemed it necessary to do something radical to relieve the patient, and so I decided upon laparotomy. Our junior gynæcologist, Dr. Frankenthal, agreed with me in the diagnosis—haematocele, probably caused by the bursting of an ectopic ovisac. September 4 was set for the operation.

After opening the abdomen, the omentum and bowels appeared tinged with a peculiar yellowish-brown color, which revealed at once the bloody nature of the tumor. The tumor lay hidden under the small intestines, which were easily loosened with the finger and pushed back with a sponge, so that the apex of the tumor was brought to view. After sponge-packing all around it, in order to protect the abdominal cavity against an overflow of possibly poisonous liquid, I first tried to aspirate; but, failing to get any fluid, I cut into it with a knife, making an incision wide enough to admit a half hand. It contained black, semi-coagulated blood, which I scooped out with the hand. Thus far I thought I had to deal with a simple haematocele, and that the uterus lay pushed over to the left side. While manipulating to get the last coagula out I loosened what I considered to be the womb; it proved to be a hard, solid coagulum, which was hanging attached to a few loose shreds from the left horn of the uterus. The uterus proper I found in the median line and of normal size. After thoroughly cleansing the abdomen and the sac, I stitched the latter to the peritoneum and packed it with iodoform gauze. The patient rallied nicely from the operation. On the second day, however, the temperature went up to 103°, the abdomen became tympanitic, pulse weak, 130. Gases had failed to pass so far, in spite of laxatives, rectal tube, and turpentine enemata. We really thought the patient in great danger of beginning peritonitis, and in order to give her a chance we took her at nine o'clock in the evening to the operating room, in order to relieve a possible retention of the wound secretions. While she was on the table, and before I had done any mischief to the wound, the first flatus passed *coram publico*. From that time on she began to feel better. She is still in our ward and has no fever; the wound discharges very little, and is becoming smaller from day to day.

In this case tubal pregnancy had occurred, the ovisac burst, first causing hæmato-salpinx, then hæmatoma of the broad ligament, finally tearing and disintegrating the whole tube, the remnants of which were hanging down in shreds from the left cornu uteri. Later on there was renewed hemorrhage into the pouch of Douglas, causing hæmatocele. The sac, which I stitched to the abdominal incision, was organized blood, not peritoneum. The original ovisac, represented by the hard coagulum covered with villi, lay inside of the hæmatocele.

I now wish to add a few general remarks:

1. *Diagnosis of Ectopic Pregnancy.* — It must be easy to make a correct diagnosis after the fourth month and before rupture of the sac, because we feel the living fœtus or hear the heart sounds. Before the fourth month there might sometimes be a doubt left, especially if the physician sees the patient perhaps only once, or if he be unable to get an intelligent history. Besides the well-known and generally accepted signs of pregnancy (subjective and objective ones), I would derive the most valuable help, in making a diagnosis, from a close history. There will always be some *irregularity* in the menstrual flow—either cessation or too early recurrence of the periods—while formerly the menstruation has been regular. This irregularity resembles very closely the flow in a case of abortion. Another valuable symptom will be intense, excruciating, bearing-down pains, mostly one-sided. These are not labor-like pains, but are more steady. They are no doubt caused by distention of the tube, due to the rapid growth of the tumor. If we add to this the objective symptoms—the enlargement of the uterus, that characteristic doughy touch of the cervix, the presence of a gradually increasing tumor somewhere in the region of the broad ligament—then I think there should be sufficient reason to warrant the diagnosis of ectopic pregnancy. My first patient illustrates this symptomatology most conclusively. She is a woman who has always menstruated regularly to the day. Fourteen days after her last menstruation she begins to experience intense bearing-down pains, starting in the right hypogastric region; then, for the first time in three years, she goes over her time six days; then a free flow sets in for ten days, shreds of decidua pass. With all that there is no fever

and no other cause to explain the pain. By digital exploration, we find an enlarged uterus giving that characteristic doughy feel of pregnancy, together with a steadily increasing tumor situated near the womb in the region of the broad ligament. There was, however, one classical symptom of pregnancy wanting, namely, the patient herself had not the slightest idea of being a gravida.

Now, how about the diagnosis of rupture of the ovisac? Those cases constitute two different classes, namely : (a) Rupture causes acute internal haemorrhage. Now, since there is hardly any other trouble but ectopic pregnancy causing internal haemorrhage, we may diagnose it at once if a patient shows the well-known symptoms of acute internal haemorrhage. (b) Rupture causes peritonitis, sepsis. If a patient had not been under observation before the accident, it might often be impossible to differentiate a ruptured ovisac from a ruptured pyo-salpinx, ovarian cyst, or the like. About haematocele see further on.

2. *Anatomy*.—You know that Lawson Tait claims that the different varieties of ectopic pregnancy described in the textbooks are mere theoretical classifications, and that all classes are originally tubal, becoming ovarian, interstitial, or abdominal only after rupture of the tube and migration of the ovum to a new resting place. The simplicity of this theory recommends it. All the recently published cases were tubal pregnancies, as were the two cases related this evening. The first case also clearly demonstrates by the thinning out of the tube the possibility of an ovum slipping out of such an opening.

3. *Frequency*.—Late publications go to show that ectopic pregnancy occurs much more frequently than we have generally thought, a great number of cases of so-called *haematocele retro-uterina* and *haematoma* of the broad ligament being nothing but cases of ruptured ectopic pregnancy. Martin, Olshausen (of Berlin) have described many such cases. Sure enough they never found the foetus, but were able in every instance to demonstrate the true nature of the disorder by the presence of decidua cells. Orthmann (who published Martin's cases) says that if in a *haematocele* we find an organized, well-defined coagulum, we may feel sure that this coagulum was originally an ovisac. Upon its microscopical examination we will find

villi or decidua cells. Our second case wonderfully corroborates this statement. *In situ* yet of the torn and bursted left tube and surrounded by the semi-coagulated blood accumulated in the hæmatocoele sac, we found a coagulum of the size of an apple, being covered with villi and enclosing the shrunken remnants of an otherwise well-differentiated foetus.

4. *Predisposition to Ectopic Pregnancy.*—It is worth while to repeat here that the first patient had been ailing for years (after her first confinement) with pains in the right ovarian region, and that an ovarian cyst of the size of a small apple, containing thin, chocolate-colored fluid, was removed together with the ovisac, right ovary and tube.

5. *Treatment.*—There is hardly any possible difference of opinion about what to do if a physician is called to treat a patient showing the symptoms of a bursted ectopic ovisac. We have, of course to perform laparotomy at once—in the one case to stop an otherwise fatal hæmorrhage, in the other case to remove decomposed matter, which, if left in the abdominal cavity, will undoubtedly set up fatal peritonitis. (See also the remarks about hæmatocoele.) What shall we do with a case where the sac is still intact? Let us first ask what will become of the patient if left to her fate. The sac might burst at any time, thus giving the patient a chance to die either from hæmorrhage or from sepsis; or if she should escape both and the foetus undergo mummification (lithopedion), she might after years of suffering, see the foetus make its way out of the abdomen by perforating bladder, vagina, and rectum. Such being the case, I think the best way to deal with any case of extra-uterine pregnancy is to extirpate the ovisac as soon as the diagnosis is made. For even if we succeed in killing the foetus by electricity, aspiration or injection of morphine, we are by no means sure that no sepsis or hæmorrhage will follow, or that, years after, a lithopedion will not cause trouble necessitating an operation.

In an early month the operation will amount to nothing more but a laparotomy for a small ovarian tumor or salpingitis.

Thomas has warmly advocated the use of electricity, not only with a view of killing the foetus and waiting for its resorption, but also with a view to arresting placental circulation, thereby minimizing the danger from hæmorrhage in a subse-

quent laparotomy. This would seem a very good plan if the action of electricity were sure ; but since it is not, it seems more rational to operate at once and not allow the placental circulation to increase by a delay due to futile efforts to arrest it. In my first case Dr. Jaggard and I discussed the propriety of a trial with electricity, but we decided to gain time over an increase of the placental circulation by immediate operation, and we really had no difficulty in controlling haemorrhage.

However, as gestation progresses the danger from haemorrhage increases. There being no contractile tissue to stop the gush of blood issuing from the placental insertion, it is of the greatest importance not to disturb the placenta. In such a more advanced stage of ectopic gestation where rupture occurs less frequently, I would try Thomas' plan with electricity as the first preparatory step to a later laparotomy. In case pregnancy, for some reason or another, has been allowed to go on to near full term, the child has also some claim for consideration. Here, in order to save a visible child, we might put off laparotomy until labor begins, being ready, however, to operate at any time if symptoms of rupture of the sac should demand it. The safest way to treat with the placenta in such a case seems to be not to attempt to detach it, but stitch the sac to the abdominal wound, pack with iodoform gauze, and wait for spontaneous loosening of the after-birth.

In case of hæmatocoele the proper treatment would be to first wait for natural resorption of the bloody effusion ; second, aspiration ; third, opening through the pouch of Douglas, if the tumor does not reach high enough to allow it to be sewed to the abdominal walls ; fourth, laparotomy, if the tumor touches the anterior wall of the abdomen. Laparotomy seems the most rational procedure, because it allows us to properly locate the extent and surrounding parts of the hæmatocoele. Whenever incision is resorted to, the opening should be made wide enough to get all the coagula out. In the last case I doubt whether it would have been possible to get the large coagulum out through the vaginal opening.

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**Professor Bartholow's Successor.**—The trustees of Jefferson Medical College have elected Dr. A. P. Brubaker as the successor to Prof. Bartholow in the Chair of Materia Medica and General Therapeutics.

**OVARIAN CYSTS—OPERATION.\* By Wm. E. MOSEBY, Baltimore, Md.**

Mrs. Maggie G., a light colored woman, about thirty years of age, twice married, had had two children by her first husband. Had suffered much during the past twelve years from dysmenorrhœa; had been unable to do ordinary work.

Examination showed the uterus to be retroflexed and firmly bound down, but the character of the adhesion could not be definitely made out. There was an irregular shaped elastic mass in the position of either tube diagnosticated as cystic ovaries, together with chronically inflamed tubes. All the pelvic tissues were very sensitive to pressure. There was a deep, double laceration of the cervix, and a lacerated perineum, with very lax vaginal wall, but only slight rectocele.

When the abdomen was opened, the mass on either side of the pelvis was found to be composed of a cystic ovary, and the corresponding tube firmly matted together by old organized adhesions, each mass being firmly bound down to the pelvis wall by numerous strong and many more recent adhesions. There were also adhesions to the omentum. The left ovary ruptured before it could be removed. The mass in the right side appeared to be a large hæmato-salpinx, but examination proves it to be an ovarian cyst, into which blood had entered from a ruptured Graafian follicle. The adhesions behind the uterus were very broad, strong bands, and were pulled off the uterine walls. All possible care was used to secure the patient against hæmorrhage, and the abdomen was doused out with hot boiled water until the return flow was practically colorless. A glass perforated drainage tube was introduced to the bottom of the cul-de-sac, and the incision closed about it. The extreme difficulty of separating the adhesions, and the douching prolonged the operation to about one and a-half hours.

Although stimulants and artificial heat were pushed, no reaction could be obtained, the temperature never reaching 95°, and the patient died about six hours after the operation, apparently from shock. At no time was there any discharge of blood from or even bloody fluid from the drainage tube.

\*Reported to the Baltimore Gynaecological and Obstetrical Society at its December meeting.

Dr. N. G. Keirle, however, kindly examined the pelvic cavity post mortem, and reported that death was due to haemorrhage, the exact source of which could not be made out. Dr. J. Whitridge Williams kindly furnished the pathological report which is given below:

DR. J. WHITRIDGE WILLIAMS' Pathological Report.

The specimens submitted by Dr. Moseby are of considerable interest, and consist of the uterine appendages from both sides. The specimen from the left side consists of the Fallopian tube, ovary and part of the broad ligament. The tube was completely occluded at its fimbriated end but otherwise presenting nothing abnormal, except numerous small adhesions. It contained a very small amount of dirty yellow fluid, consisting of columnar or ciliated epithelial cells, and numerous disintegrated cells. The ovary was considerably torn and covered by very dense adhesions, while the broad ligament presented nothing of note. The specimen from the right side was an irregular mass of tissue about  $5 \times 4 \times 1\frac{1}{2}$  cm., consisting of the tube and ovary imbedded in dense adhesions. At first glance the mass appeared to be composed of two parts, a large solid anterior portion covered by dense adhesions and posterior to it a cystic structure about  $4 \times 1\frac{1}{2}$  cm., in size. This had a bluish color, thin wall and was intimately connected with the rest of the mass. Imbedded in adhesions a piece of the ampullar end of the tube was found which could be traced for about 4 cm., and then lost itself in the mass and appeared to have no connection with the above mentioned cystic portion. The main portion of the mass on section was shown to be composed of ovarian tissue, which was covered and completely hidden from view by very dense adhesions. It contained two tolerably fresh corpora lutea about  $1\frac{1}{2}$  cm. in diameter. The larger of these corpora lutea communicated by a small opening with the cystic portion above mentioned, which contained a thin reddish watery fluid containing blood cells. On cutting open this cystic portion its walls were found perfectly smooth with several smaller cysts projecting into it. These varied in size up to 2 cm. in diameter and were filled with clear watery fluid and arose directly from the ovarian tissue. On examining the scrapings from the walls of these cysts I found that they were lined by a layer of almost flat cuboidal cells which

were distinctly ciliated. These cysts could not have originated in the tube as was readily demonstrated by their arrangement in relation to the larger cysts, and by the lining epithelium which was totally different from that of the tube. Their smooth interior precluded the idea of a ciliated papillary cystoma; and the only probable thing for them to be were drop-sical Graafian follicles which had been prevented from rupturing by the tense adhesions covering them, and so attained their large size. The fact that they were lined by ciliated epithelium is not at all opposed to this supposition; for cilia have previously been found in the drop-sical Graafian follicle, as was shown by Von Velits of Budapest, about a year ago; and as I found altogether independently of him, last spring. But as yet I have not made a sufficient number of observations to assert that all drop-sical follicles are lined by ciliated epithelium. The blood in the large cyst in all probability comes from the corpus luteum with which it was connected. The adhesions about the ovary were particularly dense and resisting. The diagnosis from the specimen is pelvic peritonitis, with adhesions binding down the adnexia on both sides, particularly the right side, with several very large drop-sical Graafian follicles.

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### Clinical Reports.

#### TREATMENT OF ULCERATIVE PHARYNGITIS AND DIPHTHERIA. By D. M. BLOUNT, M. D., St. Louis.

Having failed to observe prompt or even satisfactory results in throat troubles from the use of potassium chlorate uncombined with other remedies I am prompted to give my treatment in cases of ulcerative pharyngitis and diphtheria. It is as follows: Swab the ulcerated surfaces with Labarrague's solution, either pure or diluted one-half with water, using a swab made of absorbent cotton twisted on the end of a stick. In case the secretion of mucus in the pharynx is abundant and tenacious I make an immediate second application in order to insure close contact of the remedy with the diseased patches; this application is to be repeated every four hours and at intervals of the same length of time administer five or ten drop doses of the muriated tincture of iron freely

diluted in water. Thus every two hours the patient either has his throat swabbed or takes a dose of iron. This treatment has proven invariably successful in my hands during the past ten years; under it, with no assistance save perhaps from a calomel and bicarbonate of soda purgative, I have frequently seen a temperature of 104° to 105° promptly reduced to the normal, delirium disappear and convalescence rapidly established. Cleansing and healing of the ulcerated surfaces is very prompt, the ordinary cases of ulcerative pharyngitis rarely requiring of me a second visit and usually recovering before an ounce bottle of Labarraque's solution is used. The only objectionable feature to the treatment is that the solution is very disagreeable. Its results, however, are so prompt and reliable that I never consider its only disadvantage further than to tell my patient that it is harmless if swallowed. In diphtheria I also spray the solution through the nares and with supporting treatment have yet to find occasion to change off from my sheet anchor.

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### Correspondence.

#### DOCTORS AS DRUGGISTS.

##### EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

The doctor who wants a drug store is between fires, his lot is not a happy one, the Missouri State Board of Pharmacy on one side and his brother M. D.'s. on the other are after his scalp. Competition in both cases is very severe and in the heat of argument pending legislative action upon our pharmacy law many unpleasant and unwise things have been and doubtless will be said on both sides. According to statistics the percentage of doctors to people is larger in the United States than in any other country. Medical colleges increase rapidly in numbers, not only in St. Louis but all over the country and the annual number of their graduates is also increasing out of proportion to the aggregate increase of population. The profession are endeavoring to check this increased competition by legal enactments requiring a lengthened collegiate course.

So great is the competition within the medical ranks that many physicians have been driven to seek other means

of livelihood and Mr. Sennewald's remark that he has not registered as a pharmacist one single physician of prominence is necessarily no reflection upon the professional attainments of the physicians whom he has so registered; many of these men, and especially in the rural districts, are really successful practitioners but the number of their patients is so limited as to render some other source of income a necessity. The "physicians of prominence" have no need to increase their incomes hence they have not called on Mr. Sennewald for his official sanction to a business project.

The stated position of those who object to a physician registering as a pharmacist without passing the board examination is that he does not possess sufficient knowledge to conduct a drug store with safety to the public. This is a false position and I doubt if Mr. Sennewald could produce a physician who would admit that he could not do so nor would any medical faculty state that its graduates, legally presumed to be qualified to practice medicine, would be a public menace, if placed behind the prescription counter.

The position taken is not only false, but it is absurd, in that it claims that the physician is not qualified to handle as a merchant the same drugs which, as a practitioner of his profession, he has legal authority both to compound and dispense. Their claim is not only false and absurd, but because it is a false and absurd claim and is being urged with great vigor both in the public prints and in legislative bodies is therefore a wanton insult to the medical profession at large and should be resented as such by the profession, and should receive the official notice of every medical faculty and association in the land. In failing to notice such attacks upon the profession and by allowing the passing of laws restricting their privileges, whether they wish to avail themselves of such privileges or not, physicians are encouraging the public in a lower, rather than a higher, estimate of their professional attainments.

That one physician does not encourage and patronize the drug store operated by another is not because he does not deem the other physician qualified to conduct a pharmacy with safety to the public, but it is because he does not wish to submit his treatment in detail to a man who is, or perhaps may be, a competitor for practice in the same neighborhood, or for

some other equally cogent reason which has for its foundation, no doubt whatever of the qualifications of the other to conduct a pharmacy.

The cry of the pharmacist against the physician operating a drug store, however, is simply the cry against competition, and would not be so offensive were it not that they seek to avail themselves of public sympathy by crying down the profession that has always been their friend and helper.

In aiding and assisting the art of pharmacy, in affording material help in the elevation of pharmacy to a profession, the medical profession has been rearing an ingrate which now attempts to cast discredit on its benefactor.

The position of the druggist must indeed be serious, the trade must certainly be going to the "demnition bow-wows," as the doctor druggist is not the only thorn in their side. There is a universal cry—I might say almost a "howl"—about the "encroachments" of what trade journals facetiously style "muslin druggists"—dry-goods merchants who handle perfumery, stationery, etc. An organized effort is being made to give a black eye to the proprietary and patent medicine business, because of the reduced prices at which these articles are being sold. It is a pity, from the pharmacist's standpoint, that the law cannot be invoked to prevent dry-goods merchants from selling soap, or to close up the establishment of the cutter; but as these men only come in contact with the pharmacist as a merchant, and operate under the laws of trade which are not so highly tempered by legislative bodies, they attempt to legislate against physicians, urging a false plea and trusting to the inertia of the body they attack to gain their ends.

It is not to the interest of the druggist to antagonize the doctor, nor do I believe that the majority of them realize the affront that is being put on the medical profession, and it is certain that the doctors have not given this matter the attention it deserves.

Physicians have put up with counter prescribing, and with substituting in prescriptions by unprincipled dispensers, and still contributed to the most profitable branch of the druggist's business. At times, these evils have caused physicians to discuss the advisability of abandoning the writing of prescriptions altogether, and will not this open affront urge still

further the tendency of each physician to carry his own medicine, or how would the druggists like to learn that the custom of several physicians combining to run a "legitimate pharmacy," to which all their prescriptions were sent, had become universal? Should either custom prevail to any such degree as now holds in homœopathic ranks, then, indeed, might the pharmacist say that his "occupation's gone." D. M. B.

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**Mrs. Fogg's Bequests.**—By the will of Mrs. Fogg, the widow of a rich merchant in the China trade, the New York Hospital receives \$20,000, the Metropolitan Hospital \$10,000, and the Children's Aid Society \$55,000; and among the many other institutions benefited are the New York Diet Kitchen and Training School for Nurses of Bellevue Hospital. The largest bequest is to Harvard University, namely, \$200,000 for the erection of an art museum.

**To Report Deaths From Koch's Treatment.**—The coroner's office, of New York City, has notified all institutions where Dr. Koch's lymph is now being used, that all deaths resulting from such use must be reported at the coroner's office. The order, it is said, was made in the interest and for the protection of the public, in the fear that the sensational enthusiasm produced by the reputed success of a secret remedy might lead to injudicious and experimental use. General practitioners were also notified.

**A Bit From History.**—The *Atlanta Medical and Surgical Journal* states that for several years previous to the late war there flourished in Alabama a pseudo-medical college, chartered under the high-sounding appellation of the Graefenburg Medical Institute, whose president and entire faculty were embodied in the person of one Philip M. Shepperd. The building and accoutrements consisted of a log cabin in an old field, a skeleton and a few books and chemical reagents. Students who were not blessed with a superabundance of this world's goods paid their fees by working in the field. This institution graduated as many as fifteen or twenty full fledged M. D.'s at one commencement, so we may safely presume that quite a number of its graduates have enjoyed all the legal rights and privileges vouchsafed to the graduates of the best medical colleges.

## Editorial Department.

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A. H. OHMANN-DUMESNIL, A. M., M. D. }  
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### DARK WAYS.

It was Bret Harte, who many years ago, sang that "for ways that are dark and tricks that are vain the Heathen Chinese is peculiar," or at least be made truthful Jame bear the responsibility of that assertion. Were Mr. Harte living in this country at the present time, wo think that we could furnish him with some Caucasian examples that would make him withdraw his limitation of the above qualities to the "moon-eyed lepers."

Unlike many readers of journals, we glance over the advertising pages and once in a while glean useful information not always intended by the advertiser. In looking over the advertising pages of some drug journals lately, we have seen an announcement which to us is an implied insult to every pharmacist, a slur upon his good name, and a direct defamation which none should tolerate. In order to put our readers *en rapport* we will give them a copy of the ad. as it appeared a few days ago and as it continues to appear. It is as follows:

#### TO RETAIL DRUGGISTS.

Many of you have heard more or less of the wonderful curative properties of the — Remedy Company's

MAGIC REMEDY  
For the cure of  
SYPHILIS.

If you will mail us names and addresses of those people whom you know to be affected with syphilis we will undertake to secure them for treatment. We guarantee to cure, or refund all money. We will reimburse you for postage, and for every patient we get out of those whose names you give us we will pay you \$25 cash. Look us up, if you will and see that we are responsible, and that we will do as we agree. All information will be kept strictly confidential. Some druggists have already been paid by us \$125 in a single month.

Start in at once; it will pay you.

We cannot believe such a thing possible; we do not want to do so. It is an invitation so disreputable in character that we cannot believe that a druggist would degrade himself to such an extent. There are men who would prostitute themselves in this or any other manner, but, fortunately, they are rare, and not usually included among men. Getting up lists of this character could, no doubt, be made an easy matter. Druggists frequently fill the prescriptions of physicians for syphilites and it is no difficult matter to obtain the name and address of the latter. But no physician need fear this, if he treats his patient properly. His patients will stand by him, and not listen to the glowing promises of any patent medicine vender.

We have waited; but we have waited in vain to see the druggists repel the insinuation couveyed in the above advertisement. Do they mean that it is below their notice? It is not and they should rise as one man and disclaim it, and not only that but black-list every clerk and employe who permits himself to be seduced by the disgraceful offer made by the advertiser.

The legal aspect of the case is one which should engage the attention of the authorities. To one observing from afar off, it almost has the appearance of blackmail. It is a warning to the victim that he has been marked, that he is known, and he looks forward, in terror, to the day when his infirmity may be made the subject of a public exposure. This way of advertising may be "business" and we may be a little too conservative, but if the druggist is going to indulge in this sort of thing the physician will be forced to dispense his own medicines. If the druggists of this and of other States expect to prevent physicians from being admitted on an equal foot-

ing with them, so far as procuring licenses is concerned, without examination, they are bound in honor to protect the physician and the toleration of such things as the one we have mentioned is not the way to further their cause.

#### EDITORIAL NOTES.

KOCH'S TREATMENT OF TUBERCULOSIS by injections of his lymph is said to have met the approval of the Emperor of Germany on account of personal reasons. We do not know what truth there may be in the story, nor are we in a position to vouch for it. At all events *on dit* that the young Emperor in addition to his deformity and ear trouble, is also suffering from lupus, and as the effects of Koch's lymph acted in this disease in a manner only short of the marvellous, it is no wonder that the Kaiser should not only feel a personal interest in the success of the originator of the method of cure, but it seems almost reasonable that he should put forth all possible efforts to further the advancement of his friend, both in reputation and in this world's goods. If this be the case we may know it or we may not, as many of the private ills of potentates are State secrets, which are revealed only by the memoirs of the physician in attendance, and then only after the death of one or both of the principals in the case.

KOCH'S METHOD is thus summarized in the *Provincial Medical Journal*: Are we yet in a position to appraise the new remedy for tuberculosis? There are certain facts which we do know. 1° We are ignorant of what the virus is made of. Various surmises have been made as to its constitution, but these are misleading. 2°. We know that the leaders of the profession in all civilized countries have made use of a secret remedy, thereby setting a most injurious precedent for the future. 3°. We know that Koch has manufactured a powerful poison—just as the pharmacist has manufactured poisons—and that this poison has a certain definite action. 4°. We know that it produces what we used to call fever, and that a classical "reaction" follows on its use. 5°. We know that the reaction does not occur in all cases, and that it also occurs in cases outside of tuberculosis. 6°. We know that the dosage, though small, has produced dangerous symptoms, and that death has resulted in certain cases from the use of

the remedy ; that symptoms have been aggravated in others. 7°. The recent address of Prof. Gerhardt points out its contraindications, and emphasises in a marked manner the toxic nature of the virus. 8°. We know that it should not be used on any patient in the second or third stages of phthisis. 9°. We know that no definite cure of consumption has resulted from its use.

URATOSIS is a term which the *Montreal Medical Journal* states has been suggested by Sir Wm. Roberts to designate that disordered state of nutrition characterized by the deposition of the crystalline urates in the tissues or fluids of the body. By adopting this nomenclature, several advantages, it is claimed, would follow. First, a distinction would be clearly drawn between the effects of an excess of uric acid in the blood and uric acid precipitated as crystalline urate. What, if any, pathological significance the former condition has was at present unknown. The serious consequences following the latter state were well recognized. Excess of uric acid in the blood was only an exaggeration of a normal state, while deposition of crystalline urates was, in any quantity, a pathological condition. Another advantage claimed is that we would be better able to estimate the relation between the different causes that give rise to uratic deposits. When speaking of "ordinary" gout and "saturnine" gout, we use terms, which, in the opinion of Sir Wm. Roberts, would be more truly expressed by "gouty uratosis" and "saturnine uratosis." It being much more likely that the gouty diathesis and lead poisoning, while differing in other respects, had one tendency or vice in common, viz., the tendency to the deposition of the crystalline urates or uratosis.

ANTISEPTIC SURGERY has been somewhat lowered in the general estimation of the profession since the publication of Lawson Tait's remarkable success, and another blow given to it was when Lister forswore the spray. Mr. J. Knowles Thornton, however, has taken up the cudgels for it, and in an address on "Abdominal Surgery, Past and Present," recently delivered before the medical society of London, he said: I am not ashamed still to use the spray, and all the precautions which have advanced my results in ovariotomy to

1.88% mortality, as against Bantock's 4 and Tait's 3.3%, and I find increased practice and a steady adherence to methods which have yielded me good results in the past, increase in like ratio my success in all abdominal operations. Every operator of prominence improved his results enormously as soon as he adopted Listerism, then having learnt how to be surgically clean, he has found for himself ways of attaining this end with more or less success by methods differing from those of Lister. The sum and substance of it all is, that if we had never had Lister to teach us true cleanliness, we should never have used antiseptics, flushings, or drainage tubes to attain it. The great advance is due to the antiseptic system, the minor details are merely the different ways of attaining the same end—asepticity. Time alone will show what is worth retaining, and what we may safely cast aside.

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### Dermatology and Genito-Urinary Diseases.

**Relapsing Roseola in Syphilis.**—At a meeting of the New York Dermatological Society, Dr. L. D. Bulkley reported a case of syphilis in which a macular syphilide appeared ten months after the appearance of the chancre mucous patches; alopecia, a maculo-papular eruption and a marked papular eruption having developed during that interval. Dr. Keyes had seen relapsing roseola as late as the second year after infection. Dr. Allen, who had seen relapsing roseola as late as this one, stated that in his cases the lesions were not of such a bright red color. Dr. Taylor said that it was not unusual to see relapses of roseola as late as the eighteenth month after infection. Dr. Klotz was inclined to look upon the eruption as a modified papular syphilide, the development of which was checked by the effect of the remedies. A small amount of infiltration which was present led him to this belief. A condition not mentioned by any one at that meeting is the roseola, which is sometimes called forth, in the course of syphilis, by the action of drugs, and which might be easily taken for a process due to the disease.

**Curious Pigmentation.**—Dr. H. Feulard presented a case to the Société Française de Dermatologie et de Syphiligraphie which presents some rather curious points. The patient, a

girl of twenty-five presented large pigment stains on the abdomen, about the waist, on the back, and embracing the lower half of each breast. Ecchymotic patches were also present. The conclusion arrived at by the reporter was that the pressure of the corset had brought about a chronic urticaria and ecchymoses, the former being followed by pigmentation. Those points where the pressure of the corset was greatest were the most deeply pigmented, and a triangular space upon the abdomen, not touched by the corset, which was left open below, was devoid of pigmentation. Another circumstance which seems to confirm the theory that the corset pressure produced this pigmentation is the fact that, the patient after a sojourn of three weeks in the hospital (no corset being worn) was already losing the ecchymoses the older pigmentations having paled to a considerable degree. There seems to be no reason why pressure should not cause this excess of pigment, as well as other irritative influences whose effects are well known.

**Chancre not followed by Secondary Lesions.**—An abstract of an interesting discussion of this subject is given in the *Annales de Dermatologie et de Syphiligraphie*. M. Ehlers, of Copenhagen, reported a case in a young man of 23. He had an undoubted infecting chancre, followed by left inguinal ganglia. For a period of two years, during which he was under constant observation, he disclosed no secondary symptoms. Such cases are rare, and reminded the reporter of those following early excision of the chancre. Mauriac stated that he had kept patients under observation three or four years without noting secondary symptoms, after having satisfied himself that they had, in the first place, "infecting chancres with adenopathy." In one case, he excised a chancre very early, and two or three weeks later the site of excision became indurated, and there followed lymphatic induration. Ten months later a few mucous patches appeared, and that was all. In another similar case, nothing followed until one year later, when there was necrosis of the lower jaw. Besnier stated that these cases seemed to imply that certain individuals appeared to enjoy a certain amount of immunity. He had been struck by the relatively large number of chancres which were observed in proportion to the number affected.

with later lesions. He thought that if it were possible to obtain comparative statistics, they would throw much light on the question as to what proportion of syphilitics enjoy immunity in respect to secondary and tertiary lesions. Or, the question arises, has the gradual syphilization of the human race taken place, as some German writer has asserted? If so, it might also explain, not only partial immunity, but the mitigation of the symptoms which are now observed.

**Treatment of Herpes Zoster.**—Dr. Matthew Beattie thinks (*Medical Record*) that he has found a treatment which will arrest and cure herpes zoster. He states that the methods given in works on "general medicine" are of no value in retarding the progress of the disease. He reports a case of lumbar zona in which his treatment was followed by comfort in eight hours and cure in six days. He failed to state how long the eruption had lasted before he was called in. The treatment is as follows—for internal use:

B Ext. gelsem.....	ʒij
Sod. sulphocarbonat.....	ʒij
Aquæ, q. s.....	ad. ʒij
M.	

Sig. A teaspoonful every two hours.

B Tinet. bellad.....	ʒss
Sig. Five drops every two hours until throat begins to feel dry.	

Externally:

B Plumbi acetat.....	ʒij
Pulv. alumén.....	ʒij
Aquæ.....	ʒij
M.	

Sig. Apply to painful part every two hours.

We have nothing to say about this treatment.

**Primary Cutaneous Tuberculosis by Direct Inoculation.**—Dubreuilh and Auche reported some time ago a very interesting case in the *Archives de Médecine Experimentelle* and one which teaches valuable lessons in more than one respect. The patient was a robust peasant girl, of twenty-two, who in September, 1888, entered the service of a lady of thirty-six, who had suffered for some time from pulmonary tuberculosis. This latter coughed a great deal and expectorated profusely in handkerchiefs which her servant handled and washed. In this process of washing, she rubbed with the closed hand and more especially with the joints of the last fingers flexed.

Moreover, she was constantly in the sick room, sat up at night and fatigued herself a great deal.

Two days after the death of the consumptive, towards the end of October, she perceived on the last two fingers of the right hand, red and painful tumefactions which opened almost immediately; a few days later the glands of the axilla enlarged suppurated and left a fistulous tract. Two months later, there was on the external border of the fore-arm a nodosity which softened, and ulcerated, leaving a fistulous tract; finally there appeared more of these tumors in front of the shoulder at the internal border of the biceps and towards the bend of the elbow.

The clinical, microscopical and bacteriological examinations and experimental inoculations on guinea-pigs left no doubt as to the tuberculous nature of these lesions.\* Besnier practiced removal, curetting and cauterization at all the affected points in May 1889, and the patient, seen again in September, appeared healthy and in no way weakened by a well advanced pregnancy.

O.D.

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### Diseases of the Eye and Ear.

**Diagnostic Ophthalmoscopy.**—The ophthalmoscope is valuable not only for the correct diagnosis of ocular diseases—diseases originating in, so far as is known, and confined to the interior of the eyes—but is especially valuable for diagnostic purposes in those diseases of the internal structures of the eyes, which are secondary to, and consequently symptomatic of, diseases in other parts of the body. It is in these secondary affections of the eyes that the use of the ophthalmoscope is most important for diagnostic purposes. In many cases of doubtful diagnosis a moment's use of the instrument may settle the question by establishing or disproving the suspected trouble. But the most important use of the ophthalmoscope for purposes of diagnosis is in connection with actual or supposed intra-cranial diseases. The instrument, therefore, is of special interest to physicians, who make a specialty of nervous and cerebral affections. The circulation in the fundus of the eye is practically a part of the cerebral circulation, more particularly of the meninges, and is open to direct ocular inspection with the ophthalmoscope. The bottom of

the eye is the only portion of the entire body in which the circulation of the blood can be readily and easily seen and closely inspected. Thus one can see, as it were, the actual condition of the intra-cranial circulation, including the cerebrum and its investing membranes. The optic nerve proper may be regarded as a part of the brain, being invested by prolongations of the same membranes. The optic nerve grows, as it were, out of the cerebrum, pushing its enveloping membranes before it, thus forming sheaths for itself out of the same membranes. The blood-vessels of the nerve come directly from and return directly to the cranial cavity. So, in looking at the optic papilla, we see samples of the actual condition of cerebral circulation in the nerve proper, and of the vascular circulation in the condition of the visible veins and arteries in the optic discs.

When it is comparatively so easy for a physician to get a real picture of the actual condition of the encephalon, is it not strange that he does not avail himself at every opportunity of the means of looking at the beautiful, though pathological, picture? The occasions for the use of the ophthalmoscope for diagnostic purposes are very numerous. Grave diseases in other parts of the body are not infrequently first manifested in visible changes in the fundus of the eye. It is only necessary in such cases to look into the interior of the eyes in order to see what is starting in distant vital organs. Thus diseases of the brain may be diagnosed before any brain symptoms are manifested. So, also, actual diseases of the kidneys may be diagnosed from appearances in the bottoms of the eyes, before any symptoms of kidney trouble are noticed.

Some years ago a lady got so she could not see well and asked me to examine her eyes. I found unmistakable evidences of organic disease of the kidneys—Bright's disease—and told her that she had, besides well-marked retinitis, a very serious disease of the kidneys, which sooner or later would carry her off. She was greatly surprised, but died within six months of the kidney trouble. Various other instances might be mentioned. I do not mean to say that no mistake can be made in using the ophthalmoscope. It is a very *valuable aid* to diagnosis in many obscure affections, particularly of the brain and its membranes. The instrument should be used much more extensively than it is.

It must not be supposed that any novice can pick up the ophthalmoscope and make it useful for diagnostic purposes. Its practical use must be learned, just as the practical application of the microscope has to be learned. Immense experience is absolutely necessary in examining first the physiological appearances and conditions, and then the pathological appearances and conditions, knowing that the variations are infinite in health as well as in disease.

**Ophthalmoscopic Evidences of Death.**—Great and sudden changes in the blood-vessels of the bottoms of the eyes would naturally be expected as soon as the heart ceases to beat. In recent years many writers have studied these changes closely, particularly Dr. W. R. Gowers, of England, who has put his observations on record in his valuable work on "Medical Ophthalmoscopy," lately published. According to this writer, so soon as the heart ceases to beat and respiration stops, the diffused redness of the optic nerve discs, caused by capillary circulation, disappears in a few minutes, and the nerves become white. As the heart's action slowly fails before death, the arteries diminish in size, and when it ceases, the diminution is suddenly increased, and they "quickly disappear from the disc, appearing to commence at its edge." In the retina they remain longer, but diminished in size. The veins persist longer than the arteries; but, like them, may rapidly become invisible on the disc, "appearing to start from its edge." The blood in them soon breaks up into fragments, giving them a "beaded appearance." The veins in the retina remain visible, while the "beaded appearance increases." In ten to thirty minutes the arteries are no longer visible in the retina. The color of the choroid remains normal for a few minutes and then undergoes various changes, according to the amount of pigment it contains. Soon the retina becomes opaque, when a red spot in the macula lutea may be seen, because free from opacification, just as is the case in embolism of the central artery. In the course of about six hours the media become so hazy that further observation is impossible. The reason of the rapid disappearance of the arteries is because their continued contraction, after death, presses the blood out of them.

**Amaurosis and Amblyopia.**—These words practically mean the same thing—obscure vision. Custom, however, makes amaurosis apply to conditions of complete blindness where no visible causes can be discovered, while amblyopia designates partial blindness without any visible or discoverable causes. Some one has aptly defined amaurosis to be that condition in which “the patient can not see, and the doctor can not tell why he can not see.”

The same definition applies with equal appropriateness to amblyopia: “The patient can not see well, and the doctor can not tell why he can not see well.”

At present amaurosis is only rarely used, for the reason that the direct cause of the blindness can nearly always be diagnosed. On the contrary, amblyopia is in constant use and is made to designate the obscure or imperfect vision in numerous conditions where no actual or visible disease can be discovered. I mention only a few of them: Whisky, tobacco, quinine, traumatic, salicylic acid and its compounds, uræmic, glycosuric, hæmorrhagic, and hysterical amblyopia.

In some of these conditions visible lesions may develop later, but in their earlier stages none can be discovered. The treatment in such troubles must of course be directed to the *supposed* cause of the amblyopia. Most of them will get well; a few will not. I may add that in many instances absolutely no cause for the defective vision can be ascertained. In such cases *congenital* amblyopia is the proper designation, and treatment is more than useless. A. D. WILLIAMS, M. D.

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### Excerpts from Russian and Polish Journals.

**On the Therapeutic Effects of Diuretin.**—In the *Vratch*, Nos. 46 and 47, 1890, p. 1039, Dr. F. K. Geisler, of St. Petersburg, details his experience of the therapeutic use of the so-called “diuretin”—that is, sodio-salicylate of theobromine—which remedy has recently been introduced as a powerful diuretic, by Dr. Chr. Gram, and subsequently recommended by Drs. Koritschoner and Kouindjy-Pomeranz (a lady physician). The author’s experiments were conducted in Professor I. T. Tchüdnovsky’s clinic) on eight persons, of whom one, aged twenty-two, was healthy; one, thirty years of age, was suffering from hepatic cirrhosis; two, thirty-two and thirty-three years old, from acute or chronic nephritis;

and four, aged from thirty-four to sixty-four, from cardiac disease (two from aortic regurgitation, one myocarditis, and one mitral insufficiency). The remedy was administered internally in one-gramme doses, from four to six times daily, the observation in individual cases lasting from ten to eighteen days. The following are the essential corollaries deduced by the writer from his research: 1°. In healthy subjects, a diuretic action of the drug seems to be but slight. 2°. In cirrhosis of the liver, the diuretic effects are practically *nil*. 3°. But in cardiac disease they are very marked, the best results (disappearance of dropsy and dyspnœa, diminution of albuminuria, improvement of the patient's general state, etc.) being observed in valvular affections. 4°. The same may be said in regard to renal disease, the diuresis (with the disappearance of dropsy) being most pronounced in acute nephritis. 5°. Contrary to Gram's and Koritschoner's statements, diuretin invariably raises the arterial tension, and that very considerably. In cardiac cases, the remedy simultaneously manifests a favorable influence on the pulse, which becomes fuller, stronger and more regular (less arrhythmic), the drug's action, on the whole, closely resembling that of digitalis and similar cardiac remedies. 6. The diuretic action of the compound appears to depend not only upon theobromine (as Gram thinks), but also upon salicylate of sodium.

**Epilepsy due to Dental Caries.**—In the Polish *Przeglad Lekarsk*, 1890, VIII, 30, Dr. Bakowski (pron. Bakovskee) relates a very interesting case of a Hebrew girl of sixteen, who consulted him on account of epilepsy of nine months' standing; the fits having been growing more and more frequent and of late recurring several times daily. The treatment by bromide of sodium, quinine, arsenic, asafctida and such remedies was of no avail. Ultimately, bearing in mind Nicola's and Hermann's cases (in which epilepsy had been caused by dental caries), the author resolved to examine the girl's teeth, though she never complained of anything being wrong about them. The first upper molar on the right side and the first lower molar on the left proved to be diseased. They were at once extracted, with the results that the fits ceased to recur, the patient remaining well up to the date of the communica-

tion (six months elapsed). A subsequent interrogation elicited the fact that the fits had been always preceded by "Some unpleasant sensation about her teeth."

**Case of Ptomaine Poisoning.**—Dr. Serghei N. Iakovleff, of Simbirsk, records (*Meditzinskaia Beseda*, No. 21, 1890, p. 612) the case of a male peasant, aged fifty-four, who while working at a sausage-maker's shop and feeling exceedingly hungry, consumed a quantity of a decaying old stuffing and roast-mutton in a similar condition. The meal was soon followed by headache, thirst, vomiting, diarrhea and, later on, loss of consciousness. When admitted to a hospital on the next morning, he was suffering from collapse with dilatation of the pupils, facies hippocratica, cyanosis of limbs and visible mucous membranes, imperceptible pulse, stertorous intermittent respiration, and subnormal temperature (35.5°C.). A few hours after his admission he died. The necropsy revealed congestion of the brain, œdema of the lungs, and acute inflammation of the gastro-intestinal tract. On chemical analysis there was detected the presence of a ptomaine, the extract obtained forming a yellowish viscid mass of an unpleasant odor. A subcutaneous injection of 0.008 grammes of the extract (in an aqueous solution) into a rat gave rise to dilatation of the pupils, quickened breathing and general depression. A second injection of 0.004 gramme, made four hours later, increased mydriasis and caused paralysis of the hind limbs, ptosis and clonic convulsions, the animal dying thirty-five hours after the first dose. At the *post-mortem* examination there was found an intense congestion of the brain (the only morbid change present.)

**Death from Bromide of Ethylene.**—In the Polish weekly *Gazeta Lekarska*, No. 36, 1890, p. 706, Dr. L. Szuman, of Torun, German Poland, communicates an instructive case of fatal poisoning by bromide of ethylene ( $C_2H_4Br_2$ ) which, owing to a chemist's "mistake," was employed as a surgical anæsthetic, instead of bromide of ethyl ( $C_2H_5Br$ ). A generally-healthy, well-nourished and strongly-built gentleman, aged 27, suffering from an impermeable stricture of the urethra, consented to be treated by external urethrotomy, which operation was to be performed under the bromide of ethyl anæsthesia. Accordingly, 40 grammes of the anæsthetic drug was

ordered at a local chemist's shop, the bottle sent being duly labeled "*æthylum bromatum*." The entire amount of the substance was administered (from an inhalation mask), but not the slightest anaesthesia obtained, the patient experiencing severe pain from the beginning to the end of the operation. A few hours after the latter, there appeared an incessant vomiting, while the secretion of urine became completely inhibited, the bladder remaining empty. On the next morning there gradually supervened increasing general prostration and cardiac weakness, weak and quickened pulse (120 to 160 per minute), and great thirst. Notwithstanding an assiduous treatment (black coffee infusion, wine, cocaine, subcutaneous injections of ether, camphorated oil, tincture of musk, physiological solution of chloride of sodium, etc.), the gentleman died in about 32 hours after the inhalation. On the forensic *post-mortem* examination, there was found intense congestion of the cerebral meninges, lungs, spleen and kidneys. The liver was strikingly enlarged, its substance being of a yellowish-dark-green and partially rusty-yellow color, and its cells filled with fatty granules. The remaining organs were healthy, but all the viscera emanated a distinct garlic odor peculiar to bromide of ethylene. The latter was actually detected (by a chemical analysis) in the brain.—A similar case of fatal poisoning by bromide of ethylene (similarly in consequence of an apothecary's "mistake") had been sometime previously reported in the *Badener Aerztliche Mitteilungen* (1889, Nos. 12 and 13), and another, ending in recovery, in the *Therapeutische Monatshefte* (1888, No. 12; Hirsch's case). Pointing to those said cases, Dr. Szuman insists that bromide of ethylene should be altogether discarded from the stock of drugs kept in the chemist's shop, and that bromide of ethyl should be sold under the name of *æther bromatus*, as suggested by Dr. Merck, of Darmstadt. The latter bromide affords an invaluable surgical anaesthetic agent, which, when used in appropriate doses and ways, proves to be devoid of any dangerous or even any unpleasant accessory effects, while bromide of ethylene does not possess any anaesthetic action, but is endowed with highly poisonous properties. On the whole, both in chemical and biological respects, the relation between bromide of

ethyl and bromide of ethylene is analogous to that between calomel ( $HgCl$ ) and corrosive sublimate ( $HgCl_2$ ).

[Of late, bromide of ethyl has been attracting a considerable amount of attention from the profession, the anæsthetic agent being warmly recommended especially by Dr. Szuman (*Therapeutische Monatsschrift*, 1888, Nos. IV and V), Kerr (*Allgemeine Medizinische Central-Zeitung* (No. 33, 1889), Schneider, Fessler (*Muenchener Medizinische Wochenschrift* No. 2, 1890), Eschricht (*Deutsche Medizinische Wochenschrift* No. 32, 1889), E. Haffter, of Trauenfeld (*Provincial Medical Journal*, April, 1890, p. 240), I. N. Drakin, of Kharkov (*Annals of Surgery*, March, 1890, p. 219), L. M. Kheifetz, of Odessa (*Ibid.*, p. 220), etc.—*Reporter.*]

**On Bacteriological Examination of the Sputa.**—As is well known, all methods of a bacteriological examination of the sputa as yet proposed are applicable only to a newly expectorated discharge, and not to one of old standing. The inconvenience arising from the circumstance for a busy practitioner (especially for a country one) being very considerable, Dr. Wikhail V. Savelieff, of Zemlansk, draws attention (*Meditsinskoë Obozrenië*, No. 21, 1890, p. 835) to a simple method for preserving the sputa and examining it bacteriologically at a more or less remote date after its expectoration. The author makes the patient expectorate directly into a vessel containing a 95 per cent. alcohol, in which medium the discharge remains unchanged for five to six months and even longer. Since the vehicle causes the coagulation of the sputum, the clots should be liquefied by treating them with a 2 per cent. aqueous solution of caustic potassa before the microscopical examination. The following technical details are recommended by the writer. A small lump is taken out (by means of two sterilized needles and with the usual bacteriological precautions) from the middle of a clot and placed on a cover-glass, after which two or three drops of the potassa solution are poured over the bit (from a pipette). After two or three seconds the specimen is covered with another glass slip, the whole compressed with the fingers between bibulous paper, and the sputum stained after this or that method in vogue.

Berne, Switzerland.

VALERIUS IDELSON, M. D.

## Medical Progress.

### THERAPEUTICS.

**Gargle after Tonsillotomy.**—Dr. E. J. Moure prescribes the following gargle after tonsillotomy:

B.	Sodii bromid.	
	Sodii borat. $\ddot{\text{a}}$ $\ddot{\text{a}}$	gr. xxxvj
	Acid. carbolici.....	gr. vj
	Glycerini puriss.....	$\mathfrak{Z}$ v
	Decoct. hordei et althæ, ad.....	$\mathfrak{Z}$ vj

M.

Sig. To be taken during the day.

**Glycerin Suppositories.**—The *Boston Med. and Surg. Jour.* quoting from one of its exchanges states that Balland gives the following formula, stating that the suppositories are not brittle:

B.	Lanolin.	
	Glycerin.....	$\ddot{\text{a}}$ $\ddot{\text{a}}$ gr. xxx
	Cacao butter	
	White Wax.....	$\ddot{\text{a}}$ $\ddot{\text{a}}$ gr. xv

M.

Sig. For one suppository.

The lanolin is first melted with the wax and the cacao butter. Then the glycerin is added, and the mass is poured into molds. The mold should be placed in a mixture of ice and salt to prevent a separation of the glycerin.

**Quinine Hypodermically.**—There are conditions which occasionally arise and necessitate the administration of quinine hypodermically. This is especially the case in pernicious intermittent and remittent fevers. In an editorial the *Therapeutic Gazette* reviews the subject, and states: In our own experience the best results have been obtained from the use of the hydrochlorate of quinine and urea, and we recall a case where, for five days, an injection of eight grains of this salt was made morning and evening. The site selected for the puncture was the outside of the thigh, alternating with the two legs. After the first hour there was no complaint of pain, and in no case was a sore produced. To sum up, we

would rank the preparation as follows: Hydrochlorate of quinine and urea, bisulphate, hydrobromate, hydrochlorate, and last the sulphate.

**Indigestion in Colitis of Infants.**—Dr. James M. French states (*Jour. Am. Med. Ass.*) that in cases of colitis of infants over-feeding should be avoided and cold drinks be prohibited. Digestion may be facilitated by the administration of an active pepsin or pancreatine; and the addition of a small quantity of calomel tends to arrest abnormal fermentation. He has rarely employed any medicines other than those contained in the following prescriptions:

B Pepsini.....gr. xij to xxiv  
Hydrargyri chlor. mitis ....gt. ss to j  
Sacch. lactis.....q. s.  
M. ft. chartas No. xii.  
Sig.: One powder every three hours.

Or, in cases in which the intestinal digestion appears to be at fault:

B Extracti pancreatis.....3ss to j  
Hydrarg. chlor. mitis.....gr. ss to j  
Sacch. lactis.....q. s.  
M. ft. chart. No. xii.  
Sig.: One powder every three hours.

It is better to give explicit directions that the powders be given immediately before or after nursing, and not oftener than once in three hours, as it is in this way possible to more completely rectify the error of too frequent feeding than by any other means, for our instructions as to the giving of medicine are more likely to be obeyed than are those pertaining to the correct manner of feeding the infant, a subject on which every mother has her own ideas.

**Bromoform in Pertussis.**—We have already spoken of this remedy, but desire to give the following statement, made by Dr. Chas. Warrington Earle, before the Chicago Gynæco-logical Society:

I want to occupy two or three minutes of the time of the society in the consideration of a very unpopular procedure—that is, the administration of medicine—and introduce to your notice bromoform, the latest remedy for

whooping-cough. About six weeks ago, my attention was called to this drug by an article in a German paper, and about that time an article was also published in the *Medical Record*, by Dr. Fischer, reporting some sixteen cases to which he had administered it with marked benefit. By this time I had procured the medicine, and have now had experience with it in six cases. In five cases there has been marked improvement, although it was not a fair trial, because they had passed pretty well along into the second stage, and had commenced to recover. In some of these cases there were thirty paroxysms a day previous to administering the drug, and in four days the paroxysms had been reduced to ten. It has rather a sharp, pungent odor, and is best administered in syrup of acacia. I usually combine it with a little paregoric. The dose for a child two years of age is two drops, a child four years old four or five drops. Usually the administration from twenty to sixty drops in five or six days lessens the number of paroxysms. It is best given after meals; and the children to whom I have administered it have made no objection to taking it. It is recommended by several of the leading practitioners in Vienna.

**Administration of Iron.**—Dr. John Aulde says that although iron is highly esteemed as a medicament, and is largely used for its tonic effect upon the system, so frequently does it occur that the patient objects, owing to some idiosyncrasy or fancy, that we cannot regard it wholly as an ideal haematinic. Besides the reduced iron we have in general use the ferric and ferrous preparations, the latter being more mild, less astringent and free from salts—that of coagulating albumin. The fact should be kept constantly in view, that metals have a poisonous action upon nerves, nerve-centres, muscles, and upon all glandular structures; and as iron is a reputed haematinic, much harm may result from injudicious employment, as there are evidently certain toxic effects following the long-continued use of insoluble preparations. Iron has a tendency to accumulate in the liver; small doses do not show this tendency but they may serve to increase the functional activity of this organ, when given in a soluble non-astringent form by restoring cell-nutrition to the normal. What is most to be desired, therefore, is a preparation not

open to the objections inferred from these investigations; but owing to the necessity for consulting the palate of our patients, it is also desirable that the substance should be free from the nauseating effects which are so common to all preparations of iron. The combination, he believes, is to be found in that form known as levulose ferride. It is especially indicated for the relief of anaemia and chlorosis, owing to its ready absorption, lack of astringency, and its palatability. In all cases of defective nutrition, from any cause, where the ingestion of any form of medicament is a trial to the patient, this product will be kindly received.

The administration of the remedy may be confined to the use of the powder, which is taken dry on the tongue, dissolved in water or coffee; it will be found more convenient in the form of tablets, each containing three or five grains. The dose for children ranges from three to ten grains, and for adults from five to thirty grains. The Levulose Ferride was obtained through Messrs. Eisner & Mendelson Co., of New York, who import this article.

#### PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

**Anatomical Preserving Liquid.**—The following is the formula of Rosenthal's liquid for preserving anatomical specimens:

R.	Muriate of quinoline.....	5 parts.
	Marine salt.....	8 "
	Glycerin .....	100 "
	Water .....	.900 "

M.

The only inconvenience attending the use of this solution is that it takes out all the coloring matter, the specimens assuming a very pale hue.

**Albuminuria Following Typhoid Fever.**—Dr. Batten made the following report at a late meeting of the Allegheny County Medical Society: A girl eleven years of age convalesced and became apparently well, Sept. 9th, after a malignant attack of typhoid fever. On October 24th she had a shuffling walk and depression of the left shoulder. She also had pain in the abdomen. The following morning he visited her and concluded that the depression of the left shoulder was from irritation of the spine. Upon examination of the urine,

he found that it was highly charged with albumen and there were no symptoms of paralysis except the depression of the left shoulder. She had use of her left leg and arm but did not use them as well as she did the right. He put her to bed, cupped her over the back and applied poultices over the abdomen and put her on nitro-glycerin. She did not appear to improve under this treatment and he changed it to iodide of potash in doses of five grains every three hours. Under this treatment the albumen diminished and finally disappeared, and the shoulder took its normal position. On November 30, he discharged her, well. It is the first case of albuminuria he has had following typhoid fever.

**The Virile Reflex.**—Dr. C. H. Hughes describes (*Alienist and Neurologist*) a phenomenon which he claims to be new and of value in diagnosis. If you take a perfectly healthy individual, whose spinal cord is entirely normal, especially in its genito-spinal centre, and place him on a couch without head-rest, supine, and nude about the loins, and make the sheath of the penis tense by clasping the fore-skin with the left index finger and thumb at about the place of the frenum, and pulling it firmly towards the umbilicus, placing the middle, ring and little finger low down upon the dorsum of the virile organ, for perceptive purposes, and then sharply percuss the dorsum or sides of the penis, near the perineal extremity, a quick and very sensible motor response or retraction of the bulbo-cavernous portion will be felt to result from this sudden percussional impression, like that which follows, but less pronounced, in the testicles, after sensory irritation of the inner aspect of the thighs, and known as cremasteric reflex. This virile reflex seems to be actively present in all healthy adult males with normal spinal cords, and absent in infants and feeble, or absent in male children who have not attained the age of puberty. Its absence would also seem to indicate impaired or absent virility from sexual excesses, masturbation, and age.

**Case of Actinomycosis.**—The following interesting case is detailed by Dr. A. J. Ochsner, in the *Medical News*: The case that I have under observation at present is a gentleman fifty-three years old, a farmer by occupation, healthy until eight months ago, when he began to suffer from severe continuous pain in the region of the left antrum of Highmore.

He had four decayed teeth removed from the left upper jaw, but was not relieved. Soon after this an abscess formed and pointed on the cheek at a position opposite to and a little above and behind the canine fossa. This was opened by his physician, and subsequently twice opened spontaneously before he was referred to me at the Augustana Hospital, August, 1890. When I first saw him, the skin surrounding the sinus was thickened and infiltrated, and a drop of pus squeezed from the sinus contained the characteristic pale-yellow granules, which were proved to contain actinomycetes.

The treatment consisted in removing all of the soft tissues which were involved, in chiselling away the outer surface of the antrum, thoroughly curetting the cavity, swabbing it out with ninety-five-per-cent. solution of carbolic acid, and then packing it with iodoform-gauze. The wound healed normally from the bottom by granulations, and the patient did well until October, when an oedematous mass appeared above his left ear. I opened this and again evacuated half an ounce of pus and granulation-tissue containing the same characteristic granules in which were the parasites. This cavity was also packed with iodoform-gauze, and is healing by granulation. The patient is now doing well, and unless the parasite has advanced to some other point, which can not as yet be determined, he will undoubtedly permanently recover. Infection in this case probably took place through the patient's decayed teeth. From October, 1889, to February, 1890, he had handled and treated a horse supposed to be suffering from "lumpy jaw," and not knowing the dangers of infection had been rather careless.

**Composition of Koch's Lymph.**—In a third communication made by Koch, we are informed as to the composition of his now celebrated lymph. In an abstract of his paper, published in the *Medical News*, we find the following more or less satisfactory explanation: Tuberculous guinea-pigs can be killed by injections of very small quantities—a small dose producing widespread necrosis of the skin. If still more diluted the animals remain alive, and if the injections be continued at intervals of one or two days, a noticeable improvement in their condition sets in. The ulcer at the point of inoculation becomes swollen, and finally cicatrizes. This is

never the case without such treatment. The swollen lymphatic glands become smaller, and the condition, as regards nutrition, improves. Finally, the progress of the disease is arrested, if it is not already so far advanced that the animal dies of debility. The important thing to be done is to carry out the process which takes place within the body, outside of it also, and, if possible to extract and isolate the curative substance from the tubercle bacilli. This problem required much work and time, before I at last succeeded by the help of a 40 or 50 per cent. solution of glycerin in extracting the active principle from the tubercle bacilli.

My further experiments on animals, and finally on human beings, were made with liquid thus obtained, and in this way also, the liquid which I let other physicians have, in order to repeat the experiments, was obtained. The remedy with which the new treatment of tuberculosis is carried out is, therefore, a glycerin extract of pure cultivations of tubercle bacilli. The constitution of the active principle can as yet be only a matter of conjecture.

It seems to me to be a derivative of albuminous bodies, and to be in close relation to them, but it does not belong to the group of so-called toxalbumins, as it can withstand high temperatures, and in the dialyzer passes quickly and easily through the membrane.

The quantity of active principle present in the extract is, in all probability, very small. I estimate it at a fraction of one per cent.; thus, if my assumption be correct, we have to deal with a substance, the action of which, on the tuberculous organism, far surpasses that of the strongest drugs known.

**Usefulness of Vaccination.**—The London correspondent of the New York *Medical Record* states that the Royal Commission on Vaccination have just issued a third report, which is largely made up of evidence from the opponents of vaccination. One of the most eminent of the witnesses who gave evidence adverse to the practice was Mr. Wallace, the distinguished naturalist. In reply to questions from Sir James Paget, Mr. Wallace said that he regarded the introduction of vaccination and the diminution of small-pox as what might be called a casual coincidence; he thought it reasonable to believe that the medical observers of that time were deceived,

and that they were especially mistaken, and more than mistaken, in believing that vaccination acted for a whole lifetime. In concluding his evidence Mr. Wallace urged that vaccination did not account for the diminution in the mortality from small-pox, and that the facts on record could be accounted for independently of vaccination. He had laid before the Commission a diagram showing that the decrease of the small-pox mortality of London from 1800 to 1822 was far greater than could be attributed to the amount of vaccination then performed, and a decrease from 1822 to 1884 on the whole far less than it ought to have been from the great increase in the amount of vaccination. Diagrams of Sweden and Prussia showed very similar phenomena, while in Stockholm, Berlin, and Vienna modern epidemics had been as severe as those of the dreadfully insanitary London of the eighteenth century. Mr. Wallace laid great stress on the improvement in the sanitary condition of the population during the last century, as leading to a decrease of mortality from a number of diseases. The Prussian and Austrian armies, both vaccinated and revaccinated, showed an enormous difference in small-pox mortality, but there was a corresponding difference in general mortality of the two nations, so that the facts were accounted for independently of vaccination. The incidence of small-pox on the vaccinated and unvaccinated was now approximately proportionate to the numbers of these two classes in the community, showing that vaccination had absolutely no effect in warding off attacks of small-pox; while the close agreement in the total percentage of small-pox mortality to cases in the last century, and since vaccination had been enforced, offered a strong presumption that it had not influenced the mortality from the disease. The advantage of the vaccinated over the unvaccinated depended upon a combination of circumstances which had often been pointed out, the unvaccinated including three distinct groups of individuals on whom the disease was likely to be especially fatal, viz.: (a) Infants under vaccination age; (b) all those in whom vaccination had been postponed on account of ill health or weakness; (c) all those who escaped the vaccination officers—a class including the nomad populations, who were living under the most insanitary conditions. Mr. Wallace said that from these facts he drew the conclusion that vaccination was absolutely

powerless either in preventing attacks of small-pox or in diminishing small-pox mortality.

The evidence of Surgeon Parke, medical officer to the Emin Relief Expedition, was a refreshing contrast to the pessimistic attitude assumed by Mr. Wallace. Surgeon Parke's testimony was that vaccination was of great value as a protective against small-pox. He believed that it saved the lives of many men attached to the expedition. Of the natives who had been vaccinated, only four were attacked and none died; those who had not been vaccinated suffered terribly and numbers of them died. Tippoo Tib's men had confluent small-pox in a terrible form.

#### DISEASES OF WOMEN AND CHILDREN.

**The Atmospheric Tractor.**—In the *Medical and Surgical Reporter*, Dr. Peter McCahey of Philadelphia publishes a paper on the use of a new device for aiding in the delivery of the child, in obstetric practice, the action of which he had the previous month exhibited to the Philadelphia County Medical Society. After mentioning some of the various instruments heretofore invented for the purpose, the doctor said of his invention (*Memphis Med. Mo.*): Being convinced that atmospheric pressure is one of the principal causes of delayed labor, and knowing that there is nothing more easily displaceable than air, I began to work upon the problem of how to lessen or remove it during labor. I am convinced that I have succeeded and that the atmospheric tractor which I have the honor to demonstrate before you this evening will inaugurate a new era in the history and practice of the obstetric art. It will be, not only a substitute for the forceps in cases in which instrumental aid is absolutely necessary, but it will also be an indispensable assistant in cases which are usually left to the tedious and painful efforts of Nature. With it the physician can dispense with anaesthetics and reduce the expulsive stage of labor to a few minutes, instead of hours, the agony of child-birth will be reduced to an infinitesimal degree without incurring any risk or inflicting any injury on either the mother or the child, and many lives will be saved which would otherwise be lost.

**Mammary Abscesses in the Virgin.**—Cases of mastitis in the young are not altogether uncommon, as histories of

cases are related, though in limited numbers, by various English, German, and French authorities, in connection with the general subject of breast diseases of an inflammatory character. It is, however, a rare event for the mamma during the period of its development to go on to suppuration, though frequently subject to temporary sensations of pain, irritability and tenderness from various causes. Dr. Jule E. Marcus reports a case of abscess of the breast (*Lancet-Clinic*) in a girl of seventeen, who had begun menstruating at fourteen. After relating the case, he goes on to say that the chronic abscess of the breast of the young is probably more influenced by catamenial disturbance than any other source. The gland at the period of puberty is in sympathy with the menses in a greater state of functional activity than at any time excepting the early period of lactation. Any unusual interference with the structural changes of the breast at this period would be apt to produce inflammatory action—not frequently going on to suppuration, however. At the period of full development of the breast after the menstruation has been fully established, these gland inflammations are said to be of most common occurrence, and the slow developing chronic abscesses of more frequent occurrence than the acute. Cases of abscesses in both mammae in a virgin are cited, establishing a pathological cause; where a traumatic origin would most likely suggest itself if only the one breast were involved.

**Prevention of Perineal Laceration.**—Mr. Alexander Duke writes, as follows, to the *Provincial Medical Journal*: A great deal has been written, from time to time, on the various plans adopted for supporting the female perineum during the birth of the fetal head, but nothing (as well as I can remember) on the importance of attending to the perineum during the birth of the shoulders, which my own experience leads me to think is *almost as often a cause* of laceration as the birth of the head.

However, as it is a most deplorable accident to happen to any female, not only on account of the additional danger to the patient from the septic absorption, the additional anxiety and trouble it gives to both nurse and doctor, and the train of subsequent evils which it frequently sets up, I consider it a subject worth saying a few words about as to the advisability

of adopting some preventive measure instead of, as a rule, interfering at a wrong time, with the calamitous results we so often witness, more especially in lying-in hospitals.

The best preventive treatment I have found, and which I drew attention to several years ago in a paper on the subject, is the following: When I find the head fairly engaged in the pelvis and advancing (however slowly) with each pain, I take my seat by the patient's bed, and, having first washed my hands and lubricated my left thumb, or the first two fingers of my right hand, I introduce either into the vagina, and at the onset of a pain draw back the perineum firmly, but gently, towards the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on, till I can draw back the perineum with very slight effort, and thus tire out the muscular structures, and produce sufficient relaxation for the head to pass. In most cases so treated the perineum is in no danger, but when the pubic arch is narrow, I take the additional precaution to foment the parts with very hot water and use an inunction of fresh lard and cold cream. *I do not make any pressure whatever on the perineum*, but retard the too rapid passage of the head, (which the hot fomentation might encourage) and direct the patient to straighten out her limbs on a line with her body, while I steer the head forward by pressure on end of sacrum and coccyx, or a finger in the rectum.

**Rupture of Linea Alba During Labor.**—Mr. F. W. Monsell reports a rather unique case of this kind in the *Australian Medical Gazette*. We will let him tell the case as it appears in our esteemed cotemporary: In a year and four months from this (her first confinement) she again expected to be confined, and engaged me to attend her, but about three weeks before confinement she sent for me, as she was suffering from persistent vomiting and very severe pains in the abdomen. Nothing I could give her would relieve the vomiting and retching, hypodermic injections of morph. being the only thing that would relieve the pain. This state of affairs lasted for three weeks, and on Saturday, 29th May, labor pains set in, but I was not sent for, as the nurse said the pains were doing "no good," until the following Thursday night, when I found the pains were of a very severe character, and

on making an examination found the breech presenting and apparently so firmly wedged that, while examining during a "pain," could not detect any perceptible advance of the child. It was then too late to "turn," so I waited for a few hours for the purpose of noting the progress of the case before deciding on the course to adopt; but at the end of that time, having found no advance, decided to give chloroform and deliver, as she was beginning to get very weak. Having administered the anæsthetic, and, with the aid of the blunt hook, delivered her, after a great deal of trouble, of a healthy male child weighing about 11 lbs. The only real difficulty I experienced after the breech was delivered was the delivery of the head, which was very troublesome owing to its being very much flattened in the trachelo-bregmatic diameter. The uterus contracted very well and there was no post-partum hæmorrhage, but when grasping the fundus I experienced a rather peculiar feeling, as it were, of something overlapping my hand, and on looking for the cause found the lax skin of the abdomen bulging downwards in an irregular-looking mass. This I found to be nothing short of intestines simply covered by integument, and I hastily came to the conclusion that it was a case of rupture of the rectus abdominis muscle, and proceeded to carefully "bind" her; but on visiting her next day and carefully examining the abdominal walls, could not detect the usual tumors of the retracted ends of the muscle, and was somewhat puzzled till I found a longitudinal opening in the linea-alba, through which I could sink my fingers right into the abdominal cavity, the intestines bulging out as on the previous day at each side of my hand. Having carefully adjusted the binder every day I visited her, the intestines gradually sank back into the abdominal cavity, and she made an excellent recovery from the confinement, and on the 11th June, when I last examined her, her condition was as follows: a longitudinal opening in the "linea-alba," extending from about three inches from the ensiform cartilage to the pubes, the widest part of the opening being from one inch below to two inches above the umbilicus, and being about one and a half inches wide, but can only be felt perceptibly when the patient is directed to make a slight effort to rise from a recumbent, into a sitting posture.

## SURGERY.

**Fracture of Rib by Muscular Action.**—The *Medical and Surgical Reporter* states that the comparatively rare accident of fracture of a rib by muscular action took place in Philadelphia, January 7, 1891. A woman, fifty-nine years old, had gone into a shoe store to purchase a pair of shoes. After trying them on she stooped over to button them, when she heard something snap, and at the same time experienced a stinging sensation in her side. As the pain continued to grow greater she went to the Episcopal Hospital, where Dr. Boger, upon examination, found that one of her ribs was broken.

**Treatment of Gangrenous Wounds.**—According to the *Western Medical Reporter*, Dr. Bedford Brown gave the following as his method, at the late meeting of the Southern Surgical and Gynaecological Association : Many years ago previous to the late war, Dr. Brown determined to institute a series of experiments to ascertain the capacity of local and general treatment of all gangrenous wounds and diseases that came under his care either for their prevention or arrest. The object was to find local agents possessing active properties as stimulants of vital action in the affected parts, also as a means of disinfecting and deodorizing gangrenous sloughs, hastening their final separation and for the establishment of a healthy basis for granulation. In cases coming under his care he found that the old deodorizer failed to accomplish these objects. He then employed a solution (almost saturated) of sulphate of zinc and dilute sulphuric acid, as a local application, which seemed to meet all the requirements. The first case in which it was applied was according to the following formula :

B Zinc sulphatis.....	3j
Aqua.....	.0j
Acidi sulph. dil.....	3ss.

After the free application of hot water at 110 degrees the solution was applied every three hours on bats of raw cotton. In the course of two days the sloughs separated rapidly, leaving a perfectly clean, healthy basis for granulation. This solution evidently possesses active antiseptic properties. It is an admirable deodorizer ; it is clean and cleanses the parts effectually. In cases of great loss of sentation in the parts, weak circulation, reduction of vital action, and depressed vi-

tality, he knows of no agents better calculated to arouse nervous action and stagnant circulation, for as soon as the living basement is exposed it gives rise to intolerable pain. He has used this solution in all forms of gangrenous wounds and diseases, some limited, others extensive and associated with septicæmia with benefit.

**Bassini's Operation for Hernia.**—According to the *Medical Record*, Dr. Edvardo Bassini has recently published a memoir, descriptive of a new method devised by himself, by means of which he believes that much more certain and permanent results can be obtained than have yet been by the older operations. The object after which he strives is to restore the inguinal canal as nearly as possible to its normal shape and direction, making it run obliquely as in health, and giving to it its two walls between which the spermatic cord shall pass.

We will describe this operation briefly, omitting of necessity most of the details and the various modifications adopted by the author in order to meet special indications. The aponeurosis of the external oblique, overlying the inguinal canal, and the pillars of the external ring are first exposed. Then, after all bleeding has ceased, the aponeurosis is incised over the whole course of the canal from the external to the level of the internal ring, and is dissected out from the contiguous structures so as to form two flaps which are folded back to expose fully the underlying tissues. The spermatic cord is now drawn out and separated from the neck of the sac as far back as may be into the inguinal fossa. After this the sac itself is opened, adhesions, if any be present, are broken up, and if there be thickened omentum it is usually excised. The hernia being reduced, the neck of the sac is twisted and ligated, and the portion below the ligature is cut off. This completes the second stage of the operation. The third step consists in dissecting away from the aponeurosis and adipose layer above and below the outer margin of the rectus muscle and the triple layer formed by the internal oblique and transversus abdominis muscles and Scarpa's fascia. The flap so obtained, is now drawn over and attached firmly by interrupted silk sutures to the posterior border of Poupart's ligament, forming thereby the posterior wall of the canal over

which runs the spermatic cord. The final stage of the operation consists in reuniting the divided portion of the external oblique aponeurosis by interrupted sutures. A new canal is thus formed for the passage of the spermatic cord, and the abdominal wall is able to resist any attempt at redescence of the hernia without the aid of a truss. The external wound is now closed, antiseptic dressings are applied, and the operation is complete.

**A Complicated Amputation.**—Dr. John A. Wyeth reports quite a remarkable amputation in the *New York Medical Journal*. The amount of substance removed, when it is taken into consideration that the patient recovered, is remarkable. It also demonstrates the amount of resistance to mutilation which can be shown by a human being. The following is the history of the case as given by the author: Judah H., aged fifty-four, married, was admitted into Mount Sinai Hospital on October 7, 1890. Nine months before, the patient had a sarcoma removed from the long head of the triceps, the wound healing by first intention. Very quickly, however, the trouble recurred. Three months ago he came back with considerable induration. Amputation was advised, but refused. At this time he could use his arm and hand. He consulted a physician, who operated, cutting out a piece of the mass. On admission, the arm was one hard mass of indurated tissue, with œdema extending down to the hand. The tissues over the outer end of the clavicle and a portion of the scapula were involved. The arm and hand were useless. Complete removal of the entire extremity was advised and accepted. The urine was normal; specific gravity, 1·010.

**Operation.**—Ether having been given, an Esmarch bandage was put on up to the elbow. Constriction at the lower margin of the neoplasm. The shoulder was placed over the side of the table. An incision was made over the whole length of the clavicle, which was disarticulated at the outer end and entirely removed. The subclavian artery was then tied in its third surgical division. The suprascapular and transversalis colli branches of the thyreoid axis were next found and ligated. The pectoral muscles were then exposed and cut off close to the chest. The skin over the scapula was next dissected back, the posterior border of the scap-

ula was raised, and all the muscles attached here were cut through with the scissors. The scapula being removed, the arm was only connected with the body by the axillary plexus of nerves and the vessels. The vein was now tied and the shoulder separated. Drains were placed in front, laterally, and out behind. Skin was slid so as to completely cover the wound. The sutures were of silk. Very little blood was lost. After the operation the patient's condition was good.

Three weeks after the operation a small nodule appeared beneath the chin and was removed. This specimen has not yet been examined, but seems to be a sarcoma. At this date, December 1st, no recurrence of the wound has taken place. By primarily tying the subclavian, transversalis colli, and supracapsular arteries, and applying Esmarch's bandage to the extremity, the operation was rendered almost bloodless.

**Remarkable Injury, With Recovery.**—The following unique case is well worthy of being recorded along with the celebrated "crow-bar" case of Maine, and the "coupling-link" case, of Kentucky. Dr. E. A. Cobleigh, of Chattanooga, Tenn., details the accident in the *Cincinnati Medical News*:

An old well, used for supplying the boilers with water, had become inadequate for the purposes of the rapidly enlarging factory, and for a considerable period of time, work had been going on in the way of deepening said well, until it had reached sixty feet below the surface. During the day a heavy steel drill had become so dull that another and smaller one had been substituted for it, while the larger one went above for grinding on the power grindstone near the mouth of the shaft. This had been sufficiently sharpened, a loop of rope fastened around it, and a fellow-workman was lowering it to the workmen below, when the noose loosened, at a depth of about ten feet from the surface, slipped off, and let the implement go dashing down on the men at the bottom, with no warning worth mentioning; and it had struck the patient lying before me, after falling about forty-five or fifty feet.

The implement went down sharp-end first, and nearly or quite perpendicularly, striking the victim unexpectedly, though the man at the top had shouted that the drill was falling. It struck the man on the back of the neck, and ploughed

through the tissues to emerge from the right side of the chest, there protruding about eight inches, absolutely impaling him. Notwithstanding the force of the blow, Tony was not fairly knocked down, but was forced against the sides of the well in a sort of crouching position, without losing consciousness for a moment even. He avers that he was standing absolutely erect at the time of the injury, though I surmise that he is mistaken in this matter, and I lean strongly to the opinion that he was very slightly stooping forward, perhaps from the warning given above, as a man will instinctively cower when dreading that something will fall on him. With an exclamation of pain, and realizing what had happened, he stepped down from the platform, supporting himself against the side of the well, and called on a fellow-workman to pull out the drill. A very tall and stalwart negro (whom I saw at the time of my visit) undertook to do his bidding, standing on the same level with Tony, and finally using both hands for the purpose, but failed. So he mounted the platform and tried again by a steady pull, which did not budge the impaling instrument; and in his excitement, determined to get the thing out, he gave it that to-and-fro motion, with the powerful leverage of the long handle, which one often sees resorted to in pulling posts from the ground. At this juncture the drill loosened, and he extracted it from above—just the reverse of its direction of entry.

The dimensions of the crow-bar are as follows: Six feet long; one inch in diameter, except at the sharpened extremity, where it was flattened out to a long diameter of one and a half inches; it was an octagonal bar of solid and well-tempered steel, weighing seventeen and three-quarter pounds.

The man stands five feet eleven inches high; is twenty-eight years old; scarcely ever ill a day in his life, though formerly given to occasionally spreeing; and weighs one hundred and eighty-five pounds.

He recovered perfectly, and is driving a dray at the present time in Chattanooga.

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Hugh Owen Thomas, the well-known orthopedic surgeon died last January.

### Book Reviews.

**The Biography of Ephraim McDowell, M. D. "The Father of Ovariotomy."** By his granddaughter, MARY YOUNG RIDENBAUGH. Together with Valuable Scientific Treatises and Articles relating to Ovariotomy, and Eulogistic Letters from Eminent Members of the Medical Profession in Europe and America. 8vo. pp. 558. [New York : Charles L. Webster & Co. 1890.

We have been waiting for some time for the appearance of this long promised biography, and while we have read the life-work and incidents of the career of this remarkable man with interest, we must confess to a certain feeling of disappointment. This disappointment is due to the fact that there is not more of the man himself, and so much of the operation.

While not underestimating the opinions of others on McDowell, or their carefully prepared papers on ovariotomy, we would have liked to know more of the habits, the sayings and the doings of the man who was the pioneer of modern abdominal surgery. It is the anecdotal part of a man's life which oftentimes serves as the key to his methods of thought, that gives us an insight into his character, and that fixes the stamp which has been placed upon him by the world.

The book before us has a little more than one hundred pages devoted to the biography proper of McDowell, but it is in the highest degree interesting. The remaining portions of the work do not lack interest either, and some special features, like the illustrations, for instance, are not only full of interest, but valuable as well. A fine steel engraving, Ephraim McDowell, forms the frontispiece. An artotype represents the first case of ovariotomy as performed by McDowell on December 13th, 1809. The house in which he lived is presented to us, the last illustration being one of the McDowell monument, at Danville, Ky.

In addition to the matter we have mentioned, a chapter is devoted to a sketch of the life of Joseph Nashe McDowell, a nephew of Ephraim, a man who was an eminent surgeon, had

a brilliant intellect, and was famous for his eccentricities. He was identified with St. Louis very early in his career.

We cannot review the work before us at length, but will be content with saying that it is a valuable and interesting contribution to medical biography, and that Mrs. Ridenbaugh certainly deserves great credit for her endeavors. The publishers have made a handsome book, and it certainly deserves to meet with a large sale.

**A Practical Treatise on Impotence, Sterility and Allied Disorders of the Male Sexual Organs.** By SAMUEL W. GROSS, A. M., M. D., LL. D. Fourth Edition, revised by F. R. STURGIS, M. D. 8vo. pp. 173. [Philadelphia : Lea Brothers & Co. 1890.

When a work passes through four editions in about three years, we are lead to the conclusion that the medical profession needs it, and this is the case with the work before us, which, in addition, has become a standard text-book on the subject of which it treats.

In the present treatise, the author's contribution is the same as it appeared in the last edition, but it has been considerably augmented by Dr. Sturgis, whose contributions and views are to be seen everywhere. They contain many valuable suggestions and the fruit of a ripe experience, which can not but enhance the original text.

We expect to see this edition become rapidly exhausted, and a new one called for in a very short time. The profession are quick to appreciate succinct treatises which are full and complete, more especially when the authors are known to be worthy of respect and confidence.

The mechanical execution is in the Leas' usual style, neat and tasty.

**A Treatise on Massage, Theoretical and Practical ; Its History, Mode of Application and Effects, Indications and Contra-Indications, with Results in over Fifteen Hundred Cases.** By DOUGLAS GRAHAM, M. D. Second Edition, Revised and Enlarged. 8vo., pp. 342. [New York : J. A. Vail & Co., 1890.

Those who have had any practical experience regarding the results of massage, properly applied, are among the warmest advocates of this therapeutic adjuvant. Apparently

wonderful results are occasionally seen, and these are due to an intelligent appreciation of the method as well as proper precautions to see that it is carried out in the manner in which it will be of benefit in whatever particular case it is resorted to.

The masseur's art is, to-day, one rather difficult to acquire and it is not every one who is capable of exercising it. Many who understand it can not exercise it, but they have this advantage, that they can see whether the manipulations are properly made or not. From these few introductory remarks the reader will readily understand that, for the majority of physicians, some guide is absolutely necessary, and this guide must be one upon which reliance can be placed. The work before us is one which supplies this necessity.

Dr. Graham has embodied the results of a vast experience in his book, and he speaks with a certain amount of authority born from conviction and a knowledge that he knows whereof he speaks. His directions are everywhere full and lucid; but, unfortunately, he can not endow his reader with a delicate touch, a firm but mild grasp, and the thousand and one tricks of manipulation, etc., which make up the masseur's skill. This will account for the failures of those who expect to read the work and find themselves expert at massage. The author is then unjustly accused of advocating a bad measure, of exaggerating its good effects, of misleading his readers, etc., whereas it is the latter alone who are to blame for their failure.

In the present edition, the author has thoroughly revised the work, and has added two new chapters, one on local massage for local neurasthenia, and the other on the treatment of scoliosis by means of massage. Some statements previously regarded as doubtful have been rendered more confirmatory, and some historical facts, hitherto unpublished, and relating to the subject have been inserted in their proper places in the chapter dealing with the history of massage, which is one of great interest. In addition, the author has carefully analyzed the criticisms of the method, and he makes a very strong argument for his side of the question.

The present edition will, no doubt, be accorded a favorable reception at the hands of the profession who are daily learning more and more of the method, and are acquiring a corresponding appreciation of its effects for good.

**A Manual and Atlas of Medical Ophthalmoscopy.** By W. R. GOWERS, M. D., F. R. S. Third Edition. Edited with the assistance of MARCUS GUNN, M. B., F. R. C. S. 8vo. pp. 330. Twelve plates and eighty-three wood-cuts. [Philadelphia: P. Blakiston, Son & Co. 1890. St. Louis: Jas. L. Boland Book and Stationery Co.

This work is intended mainly for the use of students and physicians who are just beginning the study of ophthalmoscopy. The work embraces fully the whole field of ophthalmoscopy, laying special stress upon the significance of the various changes that take place in the fundus of the eye in general; but, particularly the changes that result from diseases in other and distant parts of the body, as diseases of the meninges, the cerebrum, the cerebellum, the cord, lungs, heart, kidney, etc. In a word, it is a treatise on the use of the ophthalmoscope for diagnostic purposes in diseases of other parts of the body, more particularly of intra-cranial diseases. The work covers the entire field of medical ophthalmoscopy in a masterly way and is particularly valuable because the author confines himself mainly to his own individual experiences in the prosecution of his regular professional work. An author is read because of what he has seen and done himself and not because of what he thinks of what others have seen and done. It is a valuable work on a special subject not heretofore fully considered; it has great merit and deserves a liberal reading.

The illustrations are numerous and remarkably good, particularly the colored plates of the atlas. These set forth the diseased conditions they represent most perfectly. The author deserves much credit for the finished appearance of the work. The mechanical work is well done.

A. D. W.

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**Hypnotizing Suppressed.**—About the middle of January, Dr. J. W. Prendergast, health officer of Cincinnati, influenced the authorities to refuse a license to a lecturer on hypnotism, and his entertainments were stopped. Dr. Prendergast takes the ground that hypnotism, when applied indiscriminately, is injurious, as it affects the mental health of the subjects. Upon recommendations of Health Officer Prendergast the council passed an ordinance making it a misdemeanor to give hypnotic exhibitions.

### Literary Notes.

**Central Zeitung fuer das Koch'sche Heileverfahren** is the title of a new journal to be devoted to the cure of tuberculosis and infective diseases.

The Albany Medical Annals will, in the future, be conducted by the Albany Medical College Alumni Association, Dr. W. G. McDonald acting as editor. It will continue, as heretofore, the representative of the Alumni of Albany Medical College.

The Illustrirte Monatsschrift der Aertztlichen Polymtechnik has united with the *Fortschritte der Krankenpflege*, and will hereafter be issued from Fischer's publishing house in Berlin. This move is one in the right direction, and will prove advantageous to the two publications, as well as to their readers.

The Transactions of the American Orthopedic Association at its fourth session held in September, 1890, form a handsome volume of 242 pages, gotten up in Dornan's usual good style. The papers are all valuable, and their collection in one volume makes the latter a work which no orthopedic surgeon can do without. We do not propose to review the papers, nearly all of which have appeared in medical journals. The instantaneous photographs, illustrative of the gait of a child, from which both hips have been removed, are valuable. Dr. Henry M. Sherman is the contributor of these. Taken together, the three volumes issued by the American Orthopedic Association form a collection whose value can not be overestimated.

The Transactions of the Colorado State Medical Society for 1890 are a credit to the society issuing them. The volume embraces within its 147 pages the minutes of the meeting, the papers read, the constitution and by-laws, and a list of its members, besides obituaries of members deceased during the year preceding the meeting. The papers which we find in these transactions are interesting and for the most

part, well written. In addition, they evidence industry on the part of their authors, together with a laudable ambition to demonstrate what Colorado is from a medical standpoint. Nearly all the leading specialties are each represented by a paper, and general medicine also finds its representatives. A little more care in proof-reading would have enhanced the value of the transactions.

The International Medical Annual for 1891 is shortly to be issued from the press of B. B. Treat, Cooper Union, New York. Its corps of thirty-seven editors—specialists in their respective departments, comprising the brightest and best American, English and French authors—will vie with previous issues in making it even more popular and of more practical value to the medical profession. We have the assurance of some of the best medical practitioners that the service rendered their profession by this annual can not be duplicated by any current annual or magazine, and that it is an absolute necessity to every physician who would keep abreast with the continuous progress of practical medical knowledge. Its index of New Remedies and Dictionary of New Treatment, epitomized in one ready reference volume at the low price of \$2.75, make it a desirable investment for the busy practitioner, student and chemist. The same firm has in press, Diabetes, by Robert Saundby, and Sexual Neurasthemia (3d Ed.), by Beard and Rockwell.

**Books Received.**—The following books were received during the past month :

Transactions of the American Orthopedic Association. Fourth session held at Philadelphia, Pa., Sept. 16-18, 1890. Vol. III., 8vo., pp. 242. [Philadelphia: Published by the Association, 1890.

A Treatise on Massage, Theoretical and Practical; its History, Mode of Application and Effects, Indications and Contra-Indications, with Results in over Fifteen Hundred Cases. By Douglas Graham, M. D. Second Edition, Revised and Enlarged. 8vo., pp. 342. [New York: J. H. Vail & Co., 1890.

Transactions of the Colorado State Medical Society for 1890. 8vo., pp. 149. [Denver: Dove, Printer, 1890.

Text-Book of Hygiene. A Comprehensive Treatise on the

Principles and Practice of Preventive Medicine, from an American Standpoint. By George H. Rohé, M. D. Second Edition. 8vo., pp. 421. [Philadelphia and London : F. A. Davis, 1890.

The Standard Dictionary of the English Language is announced as soon forthcoming from the press of Funk & Wagnalls, New York. The plan of this dictionary seems to be a good one, although in some important points it differs widely from the plans of other dictionaries. 1°. The "locating" of the verifying quotations, that is, the giving in each instance not only the name of the author, but also the name of the book, and the number of the page where the quotation can be found ; to thus "locate" 50,000 quotations is of itself a herculean task. 2°. The use, in the pronunciation of words, of the Scientific Alphabet, adopted by the American Philological Association. 3°. The placing of the etymology after the definition. 4°. The placing of the most important current definition first, and the obsolescent and obsolete meanings last, that is, the substitution of the order of usage for the historic order usually followed in dictionaries. 5°. In the case of disputed pronunciation the giving of the pronunciations preferred by other dictionaries, as well as the pronunciation which the editors prefer. 6°. The giving of 50,000 vocabulary words more than are to be found in any other single volume dictionary in England or America. No new word is admitted to a vocabulary place, unless it has been passed upon by the able men in charge of this department, viz : Julius H. Seelye of Amherst College, Edward S. Sheldon of Harvard University, Edward Everett Hale, Charles A. Dana, and Howard Crosby. 7°. The indication by the use of upper and lower case initial letters, as to whether words in the vocabulary are to be written as proper names or common names, etc., etc. The sample pages we have seen would seem to indicate that this will be a valuable and accurate work of its character. Subscription price is \$6.00; after its issue it will be \$10.00.

**Pamphlets Received.**—The following pamphlets and reprints were received during the past month and we take this opportunity of returning our thanks therefor : American Academy of Medicine (Editorial from *The Jour of the Am. Med.*.

*Ass., Jan. 3, 1891); Bulletin of the American Academy of Medicine, issued January, 1891; Medical Department of University of Wooster, Cleveland, Ohio. Announcement for 1891; Cases of Penetrating Stab Wounds of the Abdomen; Laparotomy; Results, by H. C. Dalton, M. D. (Reprinted from *The Jour. of the Am. Med. Ass.*, Nov. 15, 1890.); Three Laparotomies on One Patient; Recovery, by H. C. Dalton, M. D. (Reprint from *Transactions Mo. State Med. Ass.* 1891); Rupture of Liver and Kidney—Excessive Hæmorrhage—Laparotomy—Recovery, by H. C. Dalton, M. D. (Reprint from *Medical Review*); Some Recent Surgical Cases, by H. C. Dalton, M. D. (Reprint from the *St. Louis Courier of Medicine*, August, 1890.); A Case of Gastrostomy, by H. C. Dalton, M. D. (Reprint from the *Medical Mirror*, Oct., 1890.); Abnormal Intra-Thoracic Air-Pressures and their Treatment, by Charles Denison, A. M., M. D. (Reprinted from the *Sanitarian*, Nov. 1890); Removal of Tonsillar Hypertrophy by Electro-Cautery Dissection, by Edwin Pynchon, M. D. (Reprinted from *The Jour. of the Amer. Med. Ass.*, Nov. 22, 1890.); The Atmospheric Tractor, by P. McCahey, M. D. (Reprint from *Med. and Surg. Reporter*, Nov. 29 and Dec. 6, 1890.); State Board of Health of Pennsylvania: Circular No. 29. The Dangers Arising from Public Funerals of those who have died from Contagious and Infectious Diseases. Circular No. 30. The Disposal of the Sewage of Public Edifices. Circular No. 31. Precautions to be adopted by Funeral Directors to prevent the Spread of Contagious and Infectious Diseases; Chattanooga as a Health Resort, by W. C. Townes, Ph.B., M. D. (Reprinted from *The Jour. of the Am. Med. Ass.*, Aug. 16, 1890.); Census Bulletin No. 19. Vital Statistics of the Jews in the United States, Dec. 30, 1890; Antisepsis and Asepsis before and after Major Gynæcological Operations, by Howard A. Kelly, M. D. (From *The Jour. of the Med. Sciences*, Jan., 1891.)*

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A Chinese Hospital in Brooklyn.—The articles of incorporation have been filed at Albany for a Chinese Hospital Association, to be located at Brooklyn. Clergymen and physicians of that city chiefly constitute the board of directors. It will be exclusively for the use of Chinamen, and it is not expected to receive contagious cases.

### Mélange.

**Dr. Baillarger**, the talented French investigator, in medico-psychologic fields died on Dec. 31, last.

**Typhoid Fever in Rome.**—Typhoid fever has been epidemic in Rome, Italy, for several months. Advices received some time ago, placed the number of cases in the city at 10,000, and in the immediate vicinity at 16,000.

**Saccharin in Russia.**—Following the example of France and Italy, the Russian Medical Council has prohibited the use of saccharin as an article of food. Henceforward the substance will be dispensed by apothecaries and druggists only on medical prescription.

**Atlanta Society of Medicine.**—The following officers have been elected for the year 1891: President, Floyd W. McRae, M. D.; Vice-President, Arthur G. Hobbs, M. D.; Recording Secretary, J. A. Childs, M. D.; Treasurer, E. Van Goidsnoven, M. D.; Corresponding Secretary and Librarian, N. O. Harris, M. D.

**American Electro-Therapeutic Association.**—A convention of American Physicians interested in electro-therapeutics, was called to meet at the Academy of Medicine, No. 17 West Forty-third Street, New York, on the 22d of January, 1891, at 11 A. M., for the purpose of organizing an American Electro-therapeutic Association.

**The Homœopaths' Prosperity.**—According to the *Medical Visitor*, the homœopathists had their fiftieth annual dinner in Boston, December 23d, and showed that Dr. Oliver Wendell Holmes' witticisms and criticisms had not been successful in killing them off. They have a dispensary in Boston which has provided for more than 200,000 of her people and given more than 500,000 prescriptions to the poor, and a hospital which has cost more than \$200,000 to build, and more than \$300,000 to maintain.

**Hypnotism in Chicago.**—At a recent meeting of the Chicago Medico-Legal Society, a resolution was adopted to the

effect that public *séances* of hypnotism, mesmerism and magnetism should be prohibited by law, and that hypnotism for medical purposes should be practiced solely by duly-qualified medical men, and only in the presence of other medical men or undoubted friends of the patient operated upon. Drs. M. H. Lackersteen, Archibald Church, and J. C. Henry were appointed to present the resolution to the legislature.

The Baltimore Medical Association has elected the following officers for 1891: President, Dr. J. E. Michael; Vice-Presidents, Drs. H. H. Biedler and John D. Blake; Recording and Reporting Secretary, Henry B. Gwynn; Corresponding Secretary, Joseph Blum; Treasurer, John Neff; Executive Committee, E. L. Crutchfield, John T. King, J. L. Ingle; Committee of Honor, John W. Chambers, Charles H. Jones, W. F. A. Kemp.

**Hygienic Laboratory.**—We learn from one of our exchanges that Henry C. Lea has given the University of Pennsylvania \$50,000 for the erection of a hygienic laboratory. The plans have been revised by John S. Billings, and as he obtained some ideas during a visit to Europe, and has embodied them in the plans, the building will be the finest hygienic structure in the world. Lecture rooms, museums, bacteriological and photographic rooms, a crematory, separate building for animals, etc., are to be provided.

**The Ohio Medical University.**—This is the name of a new institution that has recently been incorporated in Ohio, and which is to be located at Columbus, the thriving capital of that State. The new University will consist in a Department of Medicine and Surgery, a Department each of Dentistry, Pharmacy, Midwifery, and a Training School for Nurses; and will be supplemented by a large new hospital, the gift of a number of the wealthy, philanthropic protestants of that city, and which is said, will cost about \$200,000, when completed.

The New York Academy of Medicine held a meeting January 15th, at which Dr. Alfred L. Loomis was re-elected President; Dr. Edward L. Keyes was elected Vice-President; Dr. Frederick A. Castle, Trustee; and Dr. Wm. F. Cushman, Treasurer for the Trustees. There was a discussion on

"Chronic Cervical Adenitis in Children," under the charge of the Section on Pædiatrics, in which the subject of the etiology, symptomatology and diagnosis was introduced by Dr. A. Jacobi; the medical treatment by Dr. Wm. H. Thomson, and the surgical treatment by Dr. Frank Hartley.

**A Primitive Cæsarean Operation.**—Dr. J. B. Baskerville records in the *Times and Register* the following unique case: There was a Cæsarean section performed by a quack (John Hoge, by name), along in the fifties, in the County of Bland, Va., under peculiar circumstances. John Hoge never attended medical lectures anywhere. The only knowledge he had of anatomy was gained from his book. The section was performed upon a woman who had given birth to children before the operation without assistance, and in like manner afterwards. The details of the operation were not divulged by the operator; nor did he give the indications, as he understood them, for operative procedure.

**German Congress of Internal Medicine.**—The Tenth Congress of Internal Medicine will be held at Wiesbaden, from April 6th to 9th, 1891, under the presidency of Professor Leyden, of Berlin. Among the subjects already in the programme are the following: "Gall-stones" (to be introduced by Professor Naunyn, of Strassburg, and Fürbringer, of Berlin); and "Angina Pectoris" (to be introduced by Dr. A. Fraenkel, of Berlin, and Dr. O. Vierordt, of Heidelberg). Addresses will also be delivered by Dr. T. Schott, of Nauheim, on the "Differential Diagnosis of Pericardial Exudation and Dilatation of the Heart;" and by Professor Kahler, of Vienna, on "Intermittent Albuminuria."

**Dr. T. P. Perkins, of Chariton County, Mo., died December 31, 1890.** His death was sudden. In college, he was our room-mate, and we knew every thought he had, and they were always as pure as the zephyrs that floated from the blue skies. He practiced medicine thirty years, and the neighborhood which was the battlefield of his life, has lost a pillar of strength. He indeed was their servant, and served them faithfully. The widows and orphans have lost their best friend and supporter, the medical profession has lost one of its bright jewels, and we deeply mourn his loss. His spirit

has returned to God ; we have returned his body to the earth whence it came, yet there remains an evergreen—the life and character of a good man, which will forever be fresh in the memory of all who knew Dr. Perkinson.—Dr. PAUL C. YATES, Neosho, Mo.

**The Way It is Done in the Great West.**—The *Maryland Medical Journal* prints the following lengthy correspondence under the above caption. Of course, it is a rather coarse way of doing the thing, and perhaps characteristic of the “rowdy West.” At all events it is an example of how some people “do business.”

—————, Dec. 21, 1890.

Dr. ——— or successor,

Dear Sir: About January 1st, I will open a sanitarium or infirmary of thirty rooms here, for the accommodation of my patients. Please put me in correspondence with several good young physicians with some training and experience in diseases of the eye, ear, throat and lungs, with a view of securing a local resident assistant. Salary first year, \$100 a month to a good man. Respectfully,

—————, M. D.

Oculist, Aurist, &c.

In answer to inquiry based on the above, the following was received. Comment is unnecessary.

—————, Jan. —, 91.

Dear Dr.: To fully set forth the aims and work of those representing my sanitarium on the road, will say :

My agent's duties will be to solicit for, to advertise and advance the interests of my sanitarium, in every honorable manner. It is work in a medical and surgical sense much like traveling for any mercantile house, in a commercial sense. Any agent for me has the advantage of my large private practice, established by friends and cured patients, in almost every possible section you could visit in this surrounding country. I have been ten years in this city, and will have working friends to assist most everywhere you go. The best plan that I have found is to announce in the leading county paper, a week or two ahead, that Dr. or Drs. ———, representing the State Sanitarium, of ———, will be at the ——— hotel, on a certain day and remain three weeks. When you

get there, find out from the newspaper office where to get several well known, active men, who can tell you of persons in the country afflicted by diseases of the parts we treat; have him arrange you interviews. You will be supplied with all proper credentials, pamphlets, &c. Give your prospective customer a full explanation of your visit, and, if the case admits of a cure, or substantial benefit, contract with him for a complete course of treatment at the sanitarium, or home treatment, as the case may be, making the recompense, of course, the best possible, to your own judgment. You will be supplied, of course, with symptom blanks, and all medicines sent from the sanitarium, so that, by not treating on the road, you are not amenable to the different State laws in respect to the practice of medicine. Our contract is, when secured, negotiable at bank, and after signed, is discounted at the bank we do business with in each town; the expenses and discount being subtracted and the rest divided equally with me; the patients, of course, sent in if possible. Some agents write from \$2,000 to \$3,000 a month, thus making fine salaries, as professional fees soon amount to something. Our territory is new, and my practice fine and established, so that any good man can make a flattering return by little effort. Some few agents prefer salary, which is much less, of course. I would be glad to hear from you as to your inclinations to go out, or to have you visit the sanitarium, for your own satisfaction. Would like all agents to take a certain line of railroad, and visit it over at stated periods. This is attaching a business feature to the profession, but in this busy age, everything is progress. Let me hear from you. Please regard this private. Yours respectfully,

Dr. \_\_\_\_\_.

**Meetings of Medical Societies in 1891.**—The *New York Medical Journal* publishes the following which is of the highest value to all medical men interested in the meetings of medical societies. We would be pleased to receive any additions or corrections, which we will gladly publish in future numbers of the JOURNAL: We are enabled to make the following announcement of places and dates, in the order of their occurrence, of meetings of the various State and national medical societies, from information furnished by the secre-

taries of the respective societies: Medical Society of the State of New York, Albany, February 3d, 4th and 5th; South Carolina Medical Association, April (date and place not known); Florida Medical Association, Pensacola, April 14th and 15th; Medical Society of the State of Tennessee, Nashville, April 14th, 15th and 16th; Medical Association of the State of Alabama, Huntsville, April 14th, 15th, 16th and 17th; Mississippi State Medical Association, Meridian, April 15th, 16th and 17th; Medical Association of Georgia, Augusta, April 15th, 16th and 17th; Iowa State Medical Society, Waterloo, April 15th, 16th and 17th; Medical Society of the State of California, Sacramento, April 21st, 22d and 23d; Medical Association of Montana, Helena, April 24th and 25th; Medical and Chirurgical Faculty of Maryland, Baltimore, April 28th, 29th and 30th; Texas State Medical Association, Waco, April 28th, 29th, 30th, and May 1st; State Medical Society of Arkansas, Hot Springs, April 29th, 30th, and May 1st; Medical Society of the State of Washington, Seattle, May 6th, 7th and 8th; Missouri State Medical Association, Excelsior Springs, May 12th, 13th and 14th; Indiana State Medical Society, Indianapolis, May 13th, 14th and 15th; Kansas Medical Society, Wichita, May 13th, 14th, 15th and 16th; Illinois State Medical Society, Springfield, May 19th, 20th and 21st; West Virginia State Medical Society, Fairmont, May 20th, 21st and 22d; North Carolina State Medical Society, Asheville, May 26th, 27th and 28th; Connecticut Medical Society, Hartford, May 27th, 28th and 29th; Kentucky State Medical Society, Lexington, May (date to be fixed); Nebraska State Medical Society, Lincoln, May or June (date to be fixed); Pennsylvania State Medical Society, Reading, June 2d, 3d, 4th and 5th; State Medical Society of Wisconsin, Madison, June 3d, 4th and 5th; Delaware State Medical Society, Rehoboth, June 9th and 10th; Maine Medical Association, Portland, June 9th, 10th and 11th; Massachusetts Medical Society, Boston, June 9th and 10th; South Dakota State Medical Society, Chamberlain, June 10th, 11th and 12th; Rhode Island Medical Society, Providence, June 11th and 12th; Michigan State Medical Society, Saginaw, June 11th and 12th; New Hampshire Medical Society (centennial), Concord, June 15th and 16th; Colorado State Medical Soci-

ety, Denver, June 16th and 17th ; Ohio State Medical Society, Put-in-Bay, June 17th, 18th and 19th ; Minnesota State Medical Society, Minneapolis, June 18th, 19th and 20th ; Medical Society of New Jersey, Long Branch, June 23d and 24th ; Vermont State Medical Society, Burlington, October 15th and 16th ; Mississippi Valley Medical Association, St. Louis, October 14th; 15th and 16th ; Tri-State Medical Association of Tennessee, Alabama and Georgia, Chattanooga, October (date to be fixed) ; Tri-State Medical Association of Mississippi, Arkansas and Tennessee (date and place to be fixed) ; Medical Society of Virginia, Lynchburg, October 27th, 28th and 29th (subject to change) ; New York State Medical Association, New York, October 28th, 29th and 30th ; Louisiana State Medical Society (place and date to be determined).

*National Associations.*—American Academy of Medicine, Washington, May 2d and 4th ; American Medical Association, Washington, May 5th, 6th, 7th and 8th ; National Association of Railway Surgeons, Buffalo, May 7th, 8th and 9th ; American Gynaecological Society, Washington, September 15th, 16th and 17th ; American Orthopaedic Association, Washington, September 15th, 16th and 17th ; American Association of Andrology and Syphilology, Washington, September 22d, 23d and 24th ; Congress of American Physicians and Surgeons, Washington, September 22d, 23d, 24th and 25th ; in connection with this congress will be held the meetings of the American Climatological Association, American Ophthalmological Society, American Otological Society, and American Neurological Association , American Dermatological Association, Washington, September 22d, 23d, 24th and 25th ; American Surgical Association, Washington, September 22d, 23d, 24th and 25th ; American Laryngological Association, Washington, September 23d, 24th and 25th ; American Physiological Society, Washington, September 25th and 26th ; American Pædiatric Society, Washington, September (date to be fixed) ; Southern Surgical and Gynaecological Association, Richmond, November 10th, 11th and 12th ; American Association for the Study and Cure of Inebriety, New York, November 12th ; American Public Health Association, Kansas City, November (date to be fixed) ; American Association of Obstetricians and Gynaecologists (date and place to be fixed).

[February,

### Local Medical Matters.

**Dr. Jno. H. McIntyre** announces that he will hereafter confine his practice to surgical and special diseases of women. He has often contributed valuable articles, on his chosen branch to the pages of the JOURNAL, and hence is no stranger to our readers.

**Dr. F. L. James**, one of the editors of the JOURNAL, has been suffering from an aggravated attack of "grippe" for over a month, and it is for this reason that his report on Microscopy is omitted in the present number. He is slowly recovering from the attack, which threatened to be fatal at one time, and we hope to see him in his accustomed good health in a short time. He contracted the disease, while on a Christmas visit to relatives in Mobile, in which city it was epidemic at the time.

**Koch's Lymph in St. Louis.**—It has come and is being bravely used here, if we are to believe the daily press reports. Dr. Max C. Starkloff, on January 21, made the first injection in the presence of a number of physicians. The subject was one affected with pulmonary tuberculosis, who had been sent to the Missouri Pacific Railroad hospital for the purpose of injecting the lymph. Since that date a number of others have been subjected to the treatment and as they are all cases of a similar nature, the history of all is about alike and is a repetition of what has been so often published. Reaction, elevation of temperature, subsequent tolerance, patients feeling better, etc. An endeavor will be made to use the lymph upon cases of lupus, joint affections, etc.

It appears that another local physician obtained some of the lymph and thereby hangs a tale. On January 24, at a regular meeting of the St. Louis Medical Society Dr. G. W. Broome presented a preamble and resolutions, wherein he set forth that a member of the Society (not mentioning his name) had been guilty of an infraction of the code of ethics. This violation consisted in the publication (as an interview) of the fact that he had received some of Koch's lymph, that he was going to experiment with it, etc. Of course, everybody thinks he knows who the accused member is and some lively times are anticipated all on account of "lymph."

The public agitation in the city over the daily reports of the action of the lymph is such as to show the wide-spread interest and attention with which the subject is watched. The doctor who injects Koch's lymph is the hero of the hour, and the brilliancy of others is overborne by this temporary effulgence.

However, we will hope for great things from our experimenters and, in the meantime, will not forget the silent workers in other fields of labor, who are slowly but surely adding the imperishable material to the grand monument of science.

### Miscellaneous Notes.

**Beef Meal, Beef Cacao.**—*All the difficulties heretofore encountered by the medical profession in the use of predigested foods, have been overcome by the new food products of the Mosquera-Julia Food Company.*

Mosquera's Beef Meal contains all the stimulating principles of the extracts of meat, and, in addition, the nutritive principles which the extracts lack; all the albumen of meat juices without their weakness; all the strength of powdered meats without their rancidity and insolubility; all the peptone or the peptonized meats without their bitterness.

Mosquera's Beef Meal is a perfectly pure predigested meat, containing all the nutritious constituents of good lean beef, half of which are in soluble form, ready for immediate assimilation, and the other half easily digestible by the gastric and pancreatic juices. Therefore, the entire preparation, being practically dry, is composed of nutritive matter, containing about 40 per cent. of soluble peptone and albumose.

It represents, in actual nutritive value, at least six times its weight of good lean beef.

It is perfectly palatable, and will be tolerated with ease by the most delicate stomach.

It admits of being administered in a variety of forms, thus avoiding monotony in the food.

It is the most nutritious as well as the most economical concentrated food.

It may be given in different soups, condimented to suit the taste of the patient, as also mixed with biscuit powder or oatmeal porridge and milk and sugar. Again, it may be mixed with chocolate; which makes a delicious beverage, or given in the form of a sandwich, and finally as a plain beef tea, simply dissolving it in hot water, adding salt.

Mosquera's Beef Cacao consists of equal parts of beef meal, sugar and a superior article of Dutch cacao. It does not require cooking, but may be mixed with warm milk exactly like ordinary chocolate, and so completely is the taste of the beef disguised that it can not be detected. Requiring therefore no previous preparation, it is most conveniently administered.

To physicians interested, a pamphlet fully descriptive of the special advantages, uses and methods of administration of these preparations will be mailed on request, and samples will be sent to physicians who desire to clinically test them in practice.—  
PARKE, DAVIS & Co., Detroit, Mich.

G. H. Mumm & Co. stand on the list with the extraordinary importation of 90,130 cases of champagne. This is the highest figure ever reached by them, and in congratulating Messrs. Fred'k de Bary & Co. upon their grand success in 1890, we take occasion to point out that their advance during the year from 63,020 cases in 1889, or over 27,000 cases, is unprecedented in the annals of champagne importation.

This success, while largely owing to the remarkable quality of the wine, is likewise due to the untiring energy of the agents, who have our best wishes for the future.

**Apioline in Amenorrhœa and Dysmenorrhœa.** Like many plants belonging to the natural order of the Umbelliferae, the aromatic and active principles of parsley are for the most part found in the seeds. Bouchardat, Valleix, Marcotte, Corlieu, Sireday and other authorities have spoken of the emmagogue properties of the plant, and a favorable report was made to the French Academy of Medicine on its active principle nearly forty years ago.

Various methods for the extraction of the active principle have been proposed from time to time, but there has been always a want of uniformity in the therapeutic results obtained with the so-called Apiol preparations, hitherto found in commerce.

With a view to obtain a reliable product, M. Chapoteaut recommenced a study of the plant and finally adopted a new process for the extraction of a thick reddish liquid boiling at 275° C. (527° F.) specific gravity 1.118.

This is a product totally different from true Apiol (von Gerichten), since this latter is a solid melting at 30° and boiling at 300 C., and different from the essence or oil of parsley, boiling at 160° C.; while its reddish color indicates that it can not be confounded with ordinary so-called commercial Apiol, which is a yellow or green liquid having an approximate specific gravity of 1.07.

This new substance, therefore, has been named Apioline (*Apioleinum*) by M. Chapoteaut, and clinical experiments show it to be the true active principle of the plant.

Dr. Laborde\* gives an exhaustive report of the active principles of Parsley and its derivatives Cariol, &c., in their physiological action on animals—too long in details, however, for reproduction--these experiments however show that the drug stimulates the circulatory system of the intestines and genitals, causing vascular congestion of the uterus and ovaries.

Experiments made on female guinea pigs, and dogs, demonstrated this special action in a very decided manner and corresponding genital excitement was also observed in males.

These results have been remarkably confirmed by their therapeutic application in the French hospitals.

\*Par J. V. Laborde, directeur des Travaux Physiologiques à la Faculté de Médecine de Paris (*Tribune Médicale*, 8 Jan. 1891).

**Apioline-Chapoteaut** administered in spherical capsules of 20 centigrammes each, always relieved the pain in spasmotic and congestive DYSMENORRHœA, cases in which principle reliance should be placed on equalizing the circulation and increasing the power of the ovarian nîsus.

In AMENORRHœA, where the menses had been suppressed even for a considerable length of time the flow promptly reappeared.

In fact, in all cases depending on uterine troubles amenable to internal treatment, and where a correct diagnosis of the symptoms had been made and suitable hygiene and treatment observed, this drug relieved the suppression, regulated and prevented or removed the accompanying pain, and proved to be the most powerful emmenagogue with which we are familiar.

Shoemaker's *Materia Medica and Therapeutics*. Vol. II, page 447, speaking of the active principle of parsley says:

"It is said to be not abortifacient. In cases of scanty or deficient menstruation with pains, etc., one capsule can be given after meals, thrice daily for a week before the expected period, as recommended by Dr. Fordyce Barker.

B. Apiolini..... grm. iv, (about 3).  
M. ft. Capsulæ No. xx (Chapoteaut).

Sig: Take three each day during the week preceding menstruation.

It is especially appropriate when amenorrhœa depends upon anaemia." The same authority suggests the administration of Aloine or Podophyllotoxin when Amenorrhœa and Dysmenorrhœa are complicated with constipation. Although Apioiline is looked on as a specific for menstrual disorders by many gynaecologists, it must not be forgotten that these troubles are often subordinate or associated with a general atony of the system, which requires tonics, haematics (*Ferrum Sanguinis*) and suitable hygienic agents. Finally *Apioline-Chapoteaut* can not be expected to remove Dysmenorrhœa depending on mechanical obstruction of the cervical canal—causes of failure which are sometimes overlooked.

Dr. Vadeboncoeur, after a series of trials with *Apioline*, writes: "I have obtained excellent results in painful cases of dysmenorrhœa. One lady patient who was an hysterical subject, and who was obliged to use injections of morphine to relieve the pain, has found this unnecessary since I prescribed *Apioline*."

Dr. C. Hewson Bradford, of Philadelphia, November 21, 1890, reports: "I have used it successfully in amenorrhœa. Miss H., æt 19 years, had always been regular, her menses were always scanty and for the last two months they had been absent.

She expected her menses on November 17th, so on the 12 inst. I gave her the Apioiline Capsules and requested her to take one morning and evening until after her sickness had appeared—to-day I visited her and found her much improved. She stated that menstruation had begun early on the morning of the 18th inst."

[February,

I Have used Peacock's Bromides in my practice with great success; in convulsions in children when teething it acts like a charm, used it in sick headache and it has given better satisfaction than anything I have ever used.

W. R. Hix, M. D.

Don-ju-Ann, Ind.

**Messrs. J. Calvet & Co.** are to be congratulated upon the enormous advance that Messrs. Frederick de Gary & Co. have made with their wines during the year. In 1889 the importations amounted to 30,600 gallons in wood and 8,439 cases, and in 1890, 54,060 gallons in wood and 7,387 cases, being an increase in one year of over 85 per cent.

Among the advertisements will be noticed the announcement of Dr. Jno. H. McIntyre, that he will hereafter confine his practice to surgical and special diseases of women. Dr. McIntyre has been a steady contributor to medical literature, and has become well known through his literary and successful operative work in the field of medicine.

*Antikamnia Chemical Co., St. Louis, Mo.:*

**GENTLEMEN:**—A few days ago I received your Antikamnia, which I have prescribed, and found it very satisfactory, indeed. In influenza, which disease is very prevalent here just now, I find it as much of a specific as quinine is in ague. It is, indeed, one of the useful remedies, and should be in the hands of every practitioner.—A. P. McCONNELL, M. D., Port Ludington, Mich.

**Antikamnia Co.**—I procured some of your Antikamnia, and have used it in several cases of "La Grippe" with the most happy results, both to myself and patients. It fills a place where the preparations of opium would do positive harm. Progressive physicians will all feel thankful for the remedy.

Montrose, Ia.

Respectfully,

JOHN J. RIGG, M. D.

**Campho-Phenique in Aural Practice.**—W. R. Amick, M. D., Professor of Ophthalmology in the Cincinnati College of Medicine and Surgery; Professor of Ophthalmology and Otology in the Woman's Medical College, says; I have used CAMPHO-PHENIQUE in a number of cases of inflammation of the external auditory canal both circumscribed and diffuse, and, in addition to its allaying the irritation and inflammatory symptoms, it has one especial point in its favor which is valuable even if it did not allay the inflammation, i. e., its analgesic properties. It is the best remedy to allay pain in inflammatory conditions of the external auditory canal with which I am acquainted at the present time.

**A Case in Point.**—A prominent manufacturer, Mr. T., living in New Jersey, consulted me some eighteen years ago in reference to certain distressing symptoms which to his mind presaged apoplexy. As two brothers of his had died recently of that disease with the same premonitory symptoms, I did not feel justified in saying that his fears were groundless.

Good feeders and torpid bowels told the story.

I ordered a large teaspoonful of Tarrant's Seltzer Aperient in half a tumblerful of water before breakfast and his troubles soon disappeared, and he is living to-day, hearty and well, and has often told me since that the Aperient saved his life.

Lewisburg, Pa.

P. F. HYATT, M. D.

# THE ST. LOUIS Medical and Surgical Journal.

Whole No. 603.

VOLUME LX.—MARCH, 1891.—No. 3:

## Original Contributions.

**REMOVAL OF IMMENSE CEDEMATOUS MYOMA, WITH UTERUS AND APPENDAGES—WEIGHT, NINETY-THREE AND ONE-HALF POUNDS—BY JNO. H. MCINTYRE, A. M., M. D., St. Louis.**

Mary A. J., single, aged 38, height five feet five and one-half inches, weight before operation 199½ pounds, American, of rather masculine appearance, large bones, coarse features, having hair on the upper lip and chin. I found her in the poor house near Trenton, Grundy County, Mo., on November 26th, 1890, suffering with a colossal growth of the abdomen, a good idea of which is obtained from the accompanying illustration taken from a photograph taken at my first interview.

Measurements taken at the time were as follows: Circumference at largest part just below umbilicus, fifty inches.

Circumference just below the mamma, thirty-five inches. From xiphoid cartilage to symphysis pubis, thirty-two inches, not including the pendant ~~a~~penda which are shown in the illustration. From xiphoid cartilage to umbilicus, thirteen inches; umbilicus to symphysis pubis, nineteen inches. From right anterior superior spine of ilium to umbilicus, fourteen inches; left anterior superior spine of ilium, thirteen and one-half inches.

Circumference of pendulous portion of growth at neck, just below symphysis pubis, twenty-seven inches; at its base, thirty inches. The surface was smooth, tense and slightly elastic, large tortuous veins passing in various directions.

Percussion imparted a slight wave that almost suggested fluid within a sac. The uterus was drawn upward to the extent of twelve or fourteen inches. She walked with great



Fig. 1. *Œdematous Myoma.*

difficulty and with a waddling gait, bending far backward, the better, to keep the "center of gravity within the base," and thereby better able to sustain the enormous weight of her

abdomen. She was compelled to pass her urine while standing on her feet.

Attempts had been made, six and two years, respectively, before my first examination to tap her, and although a large trocar was thrust into the growth at several points yet nothing came out but a few drops of blood.

**Diagnosis:** Either multilocular ovarian cyst or œdematous myoma of the uterus.

At the beginning of her enlargement she was supposed to be *enceinte*; was spurned and cast off by her family and friends, and after suffering many privations and hardships, finally brought up in the poor house, where I first saw her at the solicitation of two prominent ladies, from whom I had removed large ovarian tumors during the preceding summer.

Their attention being called to this poor unfortunate, and being actuated by that bond of sympathy "which makes all the world akin," they provided the means for her care and removal to St. Louis, for operation, provided I thought best to do it. Although she was at the time failing rapidly, I saw that she had not the slightest ray of hope, except from an operation, and believing that the justifiability of any operative procedure consists in its necessity, I advised her to accept the only chance, though a slender one, for her life, which she promptly did.

A few days later she was brought to this city by Dr. H. H. Wilson, of Trenton, Mo., and one of the ladies above referred to, and placed in the Pius Hospital.

During the few days of rest and preparation before the operation, I requested Mr. Thompson to have her weighed. The following was received from him :

Dr. McIntyre—Your case, Miss Mary E. Johnson, in Room No. 10, Pius Hospital, was weighed by me at 9.30 A. M., and tilts the beam at  $199\frac{1}{2}$  pounds, good weight.

Respectfully,

F. P. THOMPSON,

Druggist to Pius Hospital.

On the morning of December 7th, 1890, the operation was performed with the assistance of Drs. Broome, Marks and Nichols, of this city, and Dr. H. H. Wilson, of Trenton, Mo.; Drs. Gib. W. Carsen, R. T. Quarles, P. S. O'Reilly, J. W. Moore and medical students, Chas. Lewis and F. P. Thompson, of this city, being present.

Bichloride of methelyne in a Junker's inhaler, the same that I have used with much satisfaction for the past ten years in all my operations, was the anæsthetic chosen. Anæsthesia was easily and promptly induced, and was maintained during the one hour and five minutes the operation lasted, five and one-half drachms being used.

An incision fourteen inches in length was first made in the linea-alba, below the umbilicus, and afterwards extended up to near the xypoid cartilage. The hæmorrhage from this incision was very free, and the enormously distended vessels required the application of a large number of pressure forceps. Adhesions were found almost everywhere, the most difficult to manage being those attached to the liver and diaphragm. The broad ligaments and Fallopian tubes were ligated on either side, the tumor turned out, the thick, heavy pedicle transfixated and ligated, and the tumor cut away.

It is a matter worthy of remark that, at the time of the detachment of the adhesions to the diaphragm, the patient sank rapidly, and it was thought that she might die on the table; hypodermics of whisky were freely given before she rallied, and several minutes of time lost during the interval.

A stream of hot water was kept playing upon the wound during almost the entire time of operation.

The toilet of the peritoneum was necessarily hurried, and was greatly facilitated by pouring pitcher full after pitcher full of distilled water, heated to a temperature of 105 degrees, into the abdomen. The ventral wound was closed with silk-worm gut sutures, adhesive straps applied across the abdomen, compresses and the time-honored binder completed the dressing.

As she was being carried through the hall to her bed-room, the stretcher was allowed to rest upon the platform scales for a few moments, and we found that we had 106 pounds of woman left, and as her weight before operation, in the same clothing, was 199½ pounds, the weight of the tumor was 93½ pounds. Placed in bed, she was surrounded by bottles filled with hot water, and free hypodermics of whisky used. Within a few hours she had rallied well and with no nausea.

This case was manifestly one for drainage, but on account of the vast expanse of lax abdominal tissue, I did not believe that red serum would gravitate into Douglass' space suffi-

ciently to be removed with facility through the Keith tube. I therefore remarked to the gentlemen present that if at any time the temperature went up, so as to require it, we would cut a few ventral sutures, and flush out the abdominal cavity. By the morning of the second day, forty-eight hours after the operation, the temperature, in spite of antipyretics, went up to  $103\frac{1}{2}$  degrees. She was taken into the operating-room, and the abdomen flushed with hot water, and many blood clots and much serum removed, with the result that within six hours the temperature had fallen to  $101\frac{1}{2}$  degrees. A drainage tube being introduced, furnished but little serum afterwards. Temperature did not go above 102 degrees for succeeding twenty-four hours. Within another forty-eight hours symptoms of septicemia became manifest, together with septicemic vomiting, and she died at 4 A. M., December 12th, the fifth day after the operation.

#### REMARKS.

The lesson which I learn and the regret which I have in the aftermanagement of this case, especially after witnessing the lowering of the temperature and the amelioration of unpleasant symptoms after flushing of the abdomen with a large quantity of hot water, is that I did not resort to it again, or indeed as often as might seem necessary, for she became bright and cheerful, took light liquid nourishment well and flatus passed the bowels, and I began to have high hopes of her recovery.

The ordinary drainage tube did comparatively little good as the enormously distended abdominal walls favored collections of serum in pockets, and did not gravitate into Douglas' pouch; consequently the peritoneum with its wonderful absorbing powers, which at once constitute its safety and its danger, took up septic material with fatal results.

In looking over the literature of this subject I find no mention of any solid tumor of this size being removed.

Keith, late of Edinburgh, now of London, successfully removed an œdematous myoma together with the uterus which was of forty-two pounds weight, on the 18th of April, 1881.

Mr. Lawson Tait, of Birmingham, England, reports in Vol. I, of his recent work, Diseases of Women and Abdominal Surgery, page 187, that the largest uterine myoma which he

ever removed in his life was of sixty-eight pounds weight and that it grew after the menopause.

So, I believe that this one of ninety-three and one-half pounds is the largest ever reported.

614 Olive Street.

ON THE TREATMENT OF SYPHILITIC INVOLVEMENTS OF THE PHARYNGEAL AND NASAL CAVITIES. BY A. H. OHMANN-DUMESNIL, Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons.

All those who have ever had an opportunity of treating syphilis have found that to obtain good results several prerequisites are necessary. Leaving aside the question of internal treatment there can be no doubt whatever that local lesions disappear more readily and with less destruction of tissue when they are treated by local measures. These local measures are to be varied according to the lesions which are present, and, it is my purpose in this short article to point out a method which has proven quite successful in my hands in the treatment of syphilitides of the buccal, pharyngeal, and nasal cavities. These are covered with mucous membrane which is very prone to exhibit the effects of the syphilitic process in the course of the so-called secondary period or that in which the superficial tissues are involved.

It has been a matter of observation with me that whatever the lesions may be, and no matter what the topical applications are which are made, the local use of mercurials acts beneficially and has a tendency to hasten the reparative process in the same manner as is observed in the case of cutaneous lesions so that the only problem which presents itself is to find a method which is painless, simple and efficient as well as easily understood so that the patient can apply it himself and thus be placed in a position to derive the full benefits accruing therefrom.

The principal involvements of the pharynx and adjacent parts, during the secondary period, are the so-called syphilitic angina, mucous patches, and superficial ulcerations, the same holding good for the nasal cavities. These parts are so situated more especially the pharynx and contiguous portions, that they must be used; and their use is frequently attended with considerable pain. The extension of the pro-

cess to the larynx is not an uncommon affair and whatever measures of relief including cures are employed, if they are but efficient they will be markedly appreciated by the individual receiving benefit from them.

It will further be found that internal treatment no matter how active, is not sufficient to bring on that relief which would be expected, and local therapeutic measures become an absolute necessity. Without desiring to specify any particular local treatment so far as extra-mercurial means are concerned I wish to call attention to an adjuvant which I have found of marked benefit. I have determined to my own satisfaction that the best means of making local mercurial applications to the cavities I have specified is by means of a spray producer and the best as well as the cheapest for this purpose is the Acme Atomizer made by the A. M. Leslie Surgical Instrument Co., of this city, a cut of which instrument is herewith appended.

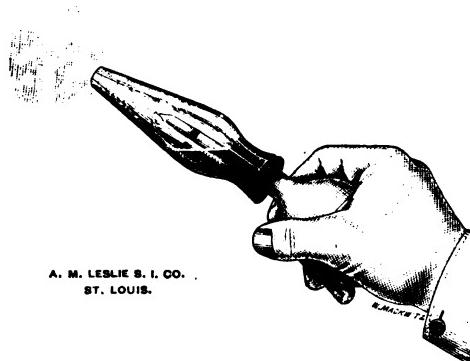


Fig. 2. Acme Spray Producer.

The advantages attending its use may be briefly summed up as follows: 1°. It dispenses entirely with the use of a tongue depressor, the outer glass portion acting as such. 2°. It can be used for the pharynx or nasal cavities. 3°. As it throws a *cloud* it penetrates beyond the portions in direct communication with it. 4°. This fact renders its use absolutely non-irritating. 5°. Aqueous or fatty solutions may be used. 6°. It is easily employed. 7°. It is comparatively cheap. 8°. The patient can apply it himself.

Now as to its practical application the choice of an aqueous

or fatty medium rests largely with the physician and is also dependent upon the carefulness of the patient as well as his ability to bear mercury. In a patient who is careful and who can bear mercury fairly well the following will be found a good solution to use in connection with the spray:

B Hydrargyri oleatis 5 per cent.....	3j.
Alboline.....	3ij.

M.

Sig. Use twice daily.

Only a very small quantity need be used upon each occasion. It is only necessary to have a few drops sprayed as the cloud like form will disseminate the remedy over a very large area and secure just as good results as if more had been employed; two or three compressions of the bulb only are necessary, the patient being careful to open his mouth wide, secure the atomizer between the teeth and breathe easily during the spray production. The instrument is inserted in the nostrils and one or two compressions of the bulb will be necessary.

For an aqueous the following solution is a good formula:

B Hydrargyri bichloridi .....	gr.j.
Ammoniae muriat.....	gr. vij.
Aqua destillatae.....	3ij.

M.

This is to be used in the same manner and with the same precautions as the other formula.

It is a good plan, when these local mercurial applications are made, to lower somewhat the dose of mercury internally and for this reason. A large portion of the mercury applied locally, is apt to be absorbed, and by reducing the amount taken internally so as to approximate the regular dose when the amount used locally is added to it all danger of mercurial intoxication is avoided, the benefits of local and general mercurial medications are obtained together with a marked relief of the local disturbance occasioned by the mucous syphilides.

The method is also applicable to rectal and vaginal syphilides of the same nature as those I have indicated as occurring in the pharynx and nasal cavities, although I cannot speak from personal experience in this respect.

5 South Broadway, St. Louis.

THE REMOTE RESULTS OF SHORTENING THE ROUND LIGAMENTS  
FOR UTERINE DISPLACEMENTS BY THE NEW OR DIRECT  
METHOD.\* By HENRY P. NEWMAN, M. D., Professor of  
Gynæcology, Chicago Post-Graduate Medical School; Pro-  
fessor of Obstetrics, College Physicians and Surgeons, Chi-  
cago; Physician St. Elizabeth's Hospital; Gynæcologist,  
Charity Hospital, Chicago Public Dispensary, etc.

At the September meeting, 1888, I presented to this so-  
ciety a new method of shortening the round ligaments for  
uterine displacements, and reported seven consecutive cases,  
five of which were operated upon according to this method.  
In the first two cases, I adhered carefully to the original tech-  
nique of Alexander, in which the primary incision is made  
directly over the spine of the pubes, an inch and a half or more  
in length, upward and outward along the course of the ingui-  
nal canal. By subsequent dissections through the subcutane-  
ous adipose tissue and fascia, the wound is deepened until the  
aponeurosis of the external oblique muscle is exposed. As  
simple as this would seem, Alexander says of this first step :  
“ In its performance many failures have occurred. Half-way  
through the fatty tissue, especially in stout subjects, a thick  
aponeurosis is met with which simulates in appearance the  
aponeurosis of the external oblique. Here many operators  
stop and search for the ligament in some round aperture that  
looks like a ring. Some find out their mistake when, in  
scratching about, the true aponeurosis accidentally comes  
into view.”

After further admitting that the end of the ligament may  
be thus teased away unrecognized, and the wound unwarrant-  
ably deepened, he goes on to give explicit directions for avoid-  
ing such unfortunate accidents. That these are inadequate  
and unsatisfactory may be inferred from the published reports  
of some prominent operators, who, in following his instruc-  
tions, have at times wholly failed to find the round ligaments.  
Granted this initial step to have been successfully performed,  
the fascia covering the external ring is next cut through, and  
the round ligament, if seen, seized and raised out of the in-  
guinal canal with a pair of dissecting forceps. Often, how-

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\*Read before the Gynæcological Society of Chicago, November  
21st, 1890.

ever, this portion of the ligament is so lost and obscured in the surrounding fat, muscular, and connective tissue, that the entire contents of the canal must be pulled out *en masse*, spread over the finger, and its isolation accomplished by tedious dissection.

It is at this point, in the old operation, that the greatest disadvantages arise, for it is here that the fibres of the ligament diverge in various directions, some to become embedded in the surrounding tissues of the inguinal canal, others to be attached to the pubic spine, and a few to find their way down to the vulva and terminate in the labium majus. Hence the difficulty, in its frayed and attenuated condition, of picking up a satisfactory and strong ligament. Add to this the probability of rupturing the weakened ligament by the undue force necessary to drag it through the ring at an acute angle with its abdominal course (an accident which Mundé confesses to have happened to him three times), and you have in substance the factors which have militated against the general acceptance and usefulness of a valuable operation.

That the fault does not lie in the theory of Alexander, but in the technique of its application, is apparent from the experience of other operators. Dr. J. A. Adams, of Glasgow, whose name is associated with that of Alexander in first suggesting the operation, says of the experience of pioneer operators abroad. "The operation is one that all and sundry cannot perform," and adds: "It is amusing to hear otherwise well-qualified obstetric and general surgeons condemning the operation because they consider the round ligaments to be mythical structures, or because they have pulled out something and passed a few sutures through it."

Among our own surgeons there are those sufficiently candid to acknowledge that their early failures were not due to the absence of round ligaments in their patients. Dr. Mundé, in the November number of the *American Journal of Obstetrics*, 1888, says, in referring to previous publications of his: "In these articles I felt justified in commending the principle of the operation, but doubted whether it would always be practicable, owing to the difficulty at times of finding the ligaments. Since then my increased experience with the operation leads me to modify the last part of this statement, for I now believe that my failure to find the ligaments at all in my third, and

on one side in my second case, was my fault, and was due to my not recognizing the exact anatomical landmarks indispensable to the easy seizure of the diffuse terminal portion of the ligaments." Other and similar testimony might be quoted to the point, but in this brief paper we will be content with these two eminent authorities.

I wish to call attention again to the method of operating which I brought before the profession in my paper upward of two years ago.

I do this for two reasons : First, I can now speak with the utmost confidence of its practical utility and the permanence of its successful results ; and, second, many of its distinguishing features have been appropriated by other operators, notably Dr. G. M. Edebohls, of New York, who presented at the Tenth International Congress at Berlin a very creditable résumé of the operation. While I congratulate the doctor on the very able manner in which he brought it to the notice of the foreign medical profession, I would remind him that a priority of about a year and a-half of practical demonstration belongs to Chicago.

As I stated in my previous paper, the operation was first suggested by Dr. J. Frank, of this city, and, after its utility had been demonstrated on the cadaver, first performed on the living subject in No. 3 of my reported cases.

I propose to call this the direct method, from the following distinctive advantages :

1°. The single sweep or two with which we cut down upon the inguinal canal or the glistening aponeurosis of the transversalis muscle, directly over the internal ring, or canal of Nuck.

2°. Through a single nick in the course of the separated fibres of this aponeurosis the blunt hook may often be passed into the canal and the round ligament pulled out in less time than it takes to tell it ; or, by lengthening the incision, it may be exposed along the canal in its entirety.

3°. There can be no doubt here of the identity of the ligament, as a duplication of the peritoneum is seen surrounding it at its abdominal extremity.

4°. The force used in pulling out the ligament is both brought to bear upon it at its strongest portion and is in a direct line with its intra-abdominal course. This in strong con-

trast to the old mode of pulling upon its frayed-out terminal fibres at an acute angle with its inner and stronger portion and over the sharp, resisting surface of the ring.

5°. Aided by the sense of sight, and seizing the ligament above the inguinal canal, we can feel assured that we are drawing upon the abdominal portion of the ligament, and not merely stretching its inguinal section.

6. As there are few or no adhesions at this portion, there should be absolutely no teasing of the tissues. Consequently, where aseptic methods are used, there should always be healing by first intention, and drainage and after-treatment be relatively simplified.

7°. Where the ligament is strong and fully developed, as it is in its upper portion, it can be more securely anchored or made fast to the surrounding tissues.

8°. Hernia is guarded against by deep sutures constricting the canal about the internal ring, insuring firm union where most needed.

9°. The intercolumnar fibres and tissues about the external ring are not interfered with or irritated in any way.

Inasmuch as many of the abdominal muscles have fibres converging about the pillars of the external inguinal ring, movements of the body often create disagreeable tension and cause pain in a wound situated here, and I have observed these distressing symptoms to continue for weeks afterward. I attribute their absence in my later cases to the fact of avoiding these sensitive areas and minimizing mutilation by the higher incision.

Since time is an important consideration in judging of the success or failure of this operation, I have purposely reported to-night only those cases in which the round ligaments were shortened upward of two years ago.

CASE I.—Mrs. L., aged thirty-three, married twelve years, has one child ten years old; has suffered much pain at the menstrual period for many years, being scarcely ever free from distress in the pelvic organs.

During the last year she has been troubled with menorrhagia and metrorrhagia, and upon introduction of the sound bleeding is invariably excited. Examination showed the uterus large, prolapsed, and retroverted, cervix and perineum worn. This patient was sent to me by a physician in Central

Nebraska in whom I had great confidence, and who had had her under treatment during the greater part of the previous two years.

March 14th I curreted the uterus for vegetations, removing a large quantity. As the wool vaginal tampon, persistently used since February 26th, had little effect in restoring the prolapsed and retroverted uterus, and as a pessary could not be tolerated, I performed Alexander's operation April 21st, with the assistance of Dr. Henry T. Byford.

The wound did well, and the patient was up and about at the end of the fourth week. In the ninth week, when she returned to her home in Nebraska, the uterus was held well forward and high up in the pelvis. August 1st of the same year she reported herself by letter in better health than she had been for years, and doing her own housework, which it had long been impossible for her to do. I learn through friends that she subsequently had a severe and exhausting attack of typhoid fever, lying upon her back for five or six weeks.

It would seem reasonable that this should have some deleterious effect upon the uterine supports, but I learn from a letter received last spring that she was still enjoying good health, and had not required the services of any physician since the operation, nor had she been examined. This gave me no definite information as to the position of the uterus or condition of its supports, but from absence of symptoms it may be inferred that there has been no return of her former troubles and that cure has been effected.

CASE II.—Mrs. W., thirty-five years of age, has borne eight children and had two miscarriages; has been under local treatment constantly for two years, and has been more or less of an invalid for ten.

Uterus retroverted and strongly retroflexed, with some adhesions from former pelvic inflammations. Cervix and perineum were lacerated, and considerable pain was caused by attempts to replace the uterus.

February 6th, 1888, the uterus was dilated for the purpose of straightening, and the lacerations of cervix and perineum were repaired by her physician, Dr. R. N. Hall. The flexion returned, her condition was not improved, and I was asked to do Alexander's operation.

May 31st the round ligaments were shortened about four inches, using the old method of operating. Some difficulty was experienced in picking up the ligaments, necessitating considerable disturbance of the tissues. There was sloughing of the wound in this case, referred partly to the teasing of the tissues, and partly to the patient herself, who tore away the dressings and infected the wound with her nails. She was an extremely nervous and unmanageable patient, and on June 19th left the hospital without the knowledge of her attending physician who abandoned the case. Under the circumstances convalescence was tedious and protracted, and her former suffering was for a time enhanced. Dr. Saunier, who took charge of the case about a year and a half ago, says that the uterus at that time was held in good position, but considerable pain was experienced from tension upon old adhesions, resulting from pelvic inflammations prior to the operation. Pregnancy ensued, with relief from all her former symptoms. No difficulty was experienced at the birth of the child—a fine specimen about five months old—and she herself is strong and hearty, doing her own housework and presenting quite a plump and youthful appearance. Dr. Saunier says that at present the uterus is healthy and in its normal position.

CASE III.—Mrs. P., age thirty-six years, has suffered for eleven years from prolapsus or procidentia of the uterus, ovaries large, tender, and prolapsed, so that a pessary was tolerated with difficulty. Was able to do little or nothing in the way of household duties, though the mother of a large family. Menses were irregular, profuse and painful. When first seen in May, 1888, the uterus was enlarged and heavy, appearing at the vulva, and the effort of straining or bearing down forced it out of the vaginal orifice. Vagina was spacious, and rectal and vesical walls greatly relaxed. She reported having been under local treatment by a prominent physician during the last two years, and that her condition had become worse rather than better. The operations of anterior and posterior colporrhaphy were advised, and a few weeks later performed with only partial relief. August 16th, 1888, the round ligaments were shortened about four inches by the new or direct method. The wound healed promptly by first intention. In the fourth week patient was up and about, and left the hospital at the end of the fifth, feeling quite well, with

the uterus in normal position. She was seen, six weeks after the operation, at her home, and expressed herself as still feeling quite well. Had little or no pain at the last menstrual period, and was engaged in light household occupations. Examination showed uterus held well up, and scarcely resting upon the Hodge pessary which she had been instructed to wear.

November 12th, 1890, she came to my office at my request, and I made a careful examination. Instead of the former condition of procidentia, engorged, heavy and inflamed uterus, I found the uterus healthy, normal in size, measuring two and three-quarter inches in depth, and free from tenderness. The anterior and posterior vaginal walls were in apposition, and the former rectal and vesical symptoms had disappeared. In strong contrast to her former worn and anxious appearance and emaciated physique, she now presents a cheerful countenance, and claims to have gained fully thirty pounds in the past year and a half.

CASE IV.—Mrs. E., age twenty-three, married four years; one child and two miscarriages. Has suffered three years with prolapsus and subinvolution following the birth of the child. She had also lacerated cervix and perineum, and suffered more or less pain, with constant dragging sensations, at the menses and during the entire month. Flow profuse, irregular, and followed by leucorrhœa; reflex symptoms were of great annoyance and not relieved by the usual remedies.

June 1st, 1888, I operated upon the cervix and perineum, with only slight relief from the reflex symptoms. The previous treatment in this case, covering many months, consisted in the use of the vaginal wool tamponade and postural treatment, likewise without benefit.

August 24th, 1888, at St. Elizabeth's Hospital, I shortened the round ligaments by the direct method. (The operation was followed by no unpleasant symptoms, and at the end of the third week the patient was allowed to sit up, returning to her home at the end of the fourth.) Five weeks after the operation she had none of the former distress in back and sides, dyspeptic symptoms rapidly disappearing. The uterus remained in excellent position and involution was taking place rapidly. This patient has been under observation since the operation, and her condition has been most gratifying, not-

withstanding the exacting demands of a life of social and domestic responsibility.

In April, 1889, being in the third month of pregnancy, she overtaxed her strength in fitting up and moving into a new residence, and brought on a miscarriage.

She recovered, however, without any return of her pelvic ailments, and when last at my office, September 28th, 1889, the uterus was normal in size, in excellent position, and the effects of the operation eminently successful.

CASE V.—Mrs. N., age twenty-three, married eleven years; three children and two miscarriages. Nine years ago began to have backache and bearing-down pains. From year to year these have become worse, until she has become incapacitated from the performance of household duties.

When first examined, about January 1st, 1888, the uterus was found heavy, prolapsed, and retroverted, cervix and perineum badly torn, both ovaries enlarged, prolapsed, and tender, so that no pessary could be endured.

In June, 1888, the double operation upon cervix and perineum was performed, and Alexander's operation on August 25th, at her home. Though lacking conveniences and trained attendants, the patient's recovery was rapid and satisfactory, requiring but little more care and attention than an ordinary cervix and perineum operation.

In the fifth week after the operation I found the woman about the house and attending to her household duties, but exercising caution, as she had been strictly enjoined. The prolapsed and retroverted uterus, as well as the tender and enlarged ovaries, was now found drawn well up, the latter beyond reach of the finger. No pain was experienced, and patient felt herself recovered, though showing some anæmia and weakness from confinement incident to the two operations and the result of her former condition.

November 20th, 1888, this patient came to my office. The uterus in good position, but larger and heavier than normal, with some tenderness at site of the cutaneous incision and along the course of the newly attached ligaments. Close questioning brought out the fact that she had been exerting herself unduly in her domestic duties.

She was instructed to continue the use of the pessary and the abdominal support, and to persist in the postural treat-

ment as long as tenderness continued, and to be more conservative of her newly acquired strength. These symptoms disappeared within the next few weeks; but whenever her ambition got the better of her good sense during the following six or eight months, she suffered a return of some of her minor symptoms.

November 12th, 1890, she reports herself as feeling in the best of health, her general expression and appearance fully confirming her assertions. She is doing her own housework, and has done so since a few months after the operation. The uterus shows the slight increase in volume consequent upon having passed through years of chronic inflammation, but its internal measurements are only two and three-quarter inches; it is in normal position, and there is neither leucorrhœa, menstrual derangement, nor any reflex symptom.

CASE VI.—Mrs. G., age thirty-four, married three years, and sterile; former occupation, laundress and seamstress; has suffered retroversion and prolapsus for fifteen years, distressing pains in back, dysmenorrhœa, and irregular menses, followed by leucorrhœa. She was treated for several months at the North Side Free Dispensary, and at her own urgent request Alexander's operation was done at the Polyclinic Hospital, August 27th, 1888. In this case the healing was so prompt that, being obliged to leave the city for a short time, I yielded to the temptation to remove the stitches—in this case silk—on the fifth day. I left the case in the care of Dr. C. W. Leigh, who reported satisfactory progress until subsequent dressing on the seventh day. On this day some sudden movement in bed resulted in a slight gaping of the wound upon the left side. On account of this the patient was kept in bed for the wound to heal by granulation. A slight fistulous opening remained, necessitating a second opening of the wound, when one of the buried sutures—silk worm gut—was removed, and no further trouble was experienced. When discharged from the hospital she was in excellent condition and the uterus was well in place.

September 9th, 1889, the woman expressed herself as feeling as well as she ever did in her life; says she has hardly felt a pain or an ache during the past year; the uterus is still normal in position and size; ovaries cannot be felt by ordinary digital examination.

November 11th, 1890, patient came to my office at my request. She says she was in excellent health throughout the year until the heat of last summer, when her appetite failed; and not menstruating during July, she consulted Dr. Henrotin during my absence from the city, who pronounced the operation perfect, said she had no uterine trouble, and referred the suppression of the menses to anaemia.

Iron was given, and she improved and menstruated the following month, and regarded herself as quite well.

On examination, to my surprise, I found a tumor behind the uterus half as large as my fist. With the exception of this the pelvic organs were in healthy condition and in normal position, except that the neck of the uterus was crowded slightly forward by the size of the growth. As the discovery of this tumor was quite accidental and its presence had caused her no inconvenience, and as she had never suffered from ovarian symptoms or disease, I am disposed to regard it as an incipient cyst of the ovary, and certainly in no way connected with the operation.

CASE VII.—Mrs. S., age twenty-seven, married five years, three children; had retroversion of the uterus and ovarian prolapse; menses always painful and often prolonged eight days; pain in back, uterus subinvolved, cervix and perineum torn, patient very much reduced and unable to work. Trachelorrhaphy and perineorrhaphy were performed in June, 1888, and a uterine support subsequently used. This, combined with vaginal tamponade, extending over a considerable space of time, failed to relieve her distressing symptoms.

September 11th of the same year the round ligaments were shortened about four inches at St. Elizabeth's Hospital. At the end of four weeks she was discharged from the hospital feeling well, with the uterus and ovaries in good position. In the following March she became pregnant, and went to full term without any untoward symptoms. Labor was normal, and her convalescence only interfered with by painful and troublesome nipples. As a consequence of early weaning the child became puny and poorly nourished, and was a source of great anxiety to her through the summer months. The child died in September; and having lost two previous children, its death was a great shock to her, and being pregnant again, she became a victim of hysterical attacks followed by

melancholia. All this occurred during my absence in Europe, and she was taken to St. Elizabeth's Hospital.

Dr. Frank examined her carefully for any uterine or ovarian trouble, and pronounced her entirely free from any pelvic disease and the uterus in normal position for that period of pregnancy.

November 16th I called at the woman's house and found her much improved in her mental condition and assisting in her domestic duties, cheerful and bright, with no indication of her former depressed or irritable moods. The indications are that pregnancy will now advance to a successful termination.

In the above cases it will be seen that the indications for the operation were as follows: Retroversion and prolapsus of both uterus and ovaries in Cases IV., V., and VII.; procidentia with enlarged, tender ovaries in Case III.; while Cases I., III., and V. presented the usual menstrual disorders indicative of the severer types of uterine and ovarian displacements, and were upward of ten years' standing.

Cases IV. and VII. were of more recent date, being respectively of three and five years' duration; but pain was a prominent symptom in both, and had resisted careful and persistent treatment.

Case VI.—of fifteen years' standing—had very naturally tired of routine local treatment, and, having personally observed the benefits accruing in other cases, earnestly requested the operation.

Case II. was the only one in which adhesions were any material obstacle to the restoration of the uterus to a normal position, though they existed in a minor degree in Cases I., V. and VII.

As I have before stated, pessaries had been formerly tried in six of the seven cases, but in each of those with ovarian complications, they were a source of too great irritation to be tolerated, and in the remaining two had resulted in no appreciable benefit.

[March,

ALEXANDER'S OPERATION FOR SHORTENING THE ROUND LIGAMENTS, WITH RESULTS AFTER TWO YEARS.

No.	Name.	Age.	Patous or not.	Date of Operation.	Position of Uterus.	Results as to Relief of Symptoms.	REMARKS.
1	Mrs. J.	42	Yes.	September 18, 1886.	Retroflexed.	Not improved.	No apparent reason for failure.
2	Miss R.	22	No.	February 16, 1887.	Normal.	Perfect.	Pain in region of round ligaments at times.
3	Mrs. R.	35	Yes.	February 26, 1887.	Normal.	Perfect.	Counted as a good result.
4	Mrs. C.	32	Yes.	March 6, 1887.	Normal until next pregnancy. Retrov'd since.	Perfect while uterus remained in position.	
5	Mrs. B.	30	Yes.	March 12, 1887.	Normal 2 years.	Perfect. Had child since.	
6	Mrs. P.	26	Yes.	April 15, 1887.	Normal 1 year.	Perfect while observed.	
7	Mrs. T.	24	No.	April 26, 1887.	Retroflexion and partial retroversion.	Improved.	Adhesions.
8	Mrs. G.	25	No.	May 13, 1887.	Partial retroversion.	Perfect.	Adhesions.
9	Miss M.I.	24	No.	June 20, 1887.	Normal.	Perfect.	
10	Mrs. P.	27	Yes.	September 25, 1887.	Normal.	Not improved.	Pendulous ovaries.
11	Mrs. DeS.	23	Yes.	October 20, 1887.	Normal four months.	Improved.	
12	Miss Ch.	40	No.	January 21, 1888.	Normal.	Not improved.	Subsequent removal of tubes and ovaries did not relieve.
13	Miss L.	19	No.	April 24, 1888.	Normal.	Perfect.	
14	Miss B.	22	No.	April 26, 1888.	Normal.	Perfect.	
15	Mrs. B.	25	No.	May 25, 1888.	Retroflexion.	Nearly perfect.	
16	Mrs. M.	28	Yes.	June 5, 1888.	Normal.	Improved.	Adhesions. Occasional pain in round ligament region. An old bladder incision improving, and is nearly cured.
17	Mrs. L.	32	Yes.	June 27, 1888.	Retroflexed in 3 mos.	Not improved.	Round ligaments very small and weak. Left broke during operation. Subsequent removal of tubes and ovaries with perfect relief.
18	Miss E.	26	No.	July 17, 1888.	Normal.	Perfect.	Pendulous ovaries. Round ligaments small and weak. Right broke during operation.
19	Mrs. H.	30	Yes.	November 12, 1888.	Retroflexed.	Not improved.	

## Editorial Department.

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### MEDICAL LEGISLATION.

State Legislatures have always been "a source of innocent merriment," as the Mikado puts it. Our own is no exception to the rule. In fact, it seems that since the Farmers' Alliance is in practical control of the House of Representatives, our lawmakers have let their fancies run riot. They do not seem to know what law is and they furthermore indulge in the fascinating self-deception that they can pass such enactments as seem most pleasing to them, irrespective of Constitution or any other such small hindrances to their untrammeled action in the premises.

One bright particular star, no doubt, has fallen into the clutches of a doctor at some remote period of time. This is the only way we can account for a remarkable action he committed not long ago in the introduction of a bill whose chief feature is the amusement it caused. We want every one to distinctly understand that this happened in the broad commonwealth of Missouri, and not in one of the effete States bordering upon the Atlantic Ocean. If we are going to have sample idiots we want them of the monumental kind, and we have one and we want to keep him as a sample. He imagined that an idea had struck him and he forthwith formulated a bill, the principal features of which provided for the regulation of the fees of physicians. The schedule is quite a liberal one, considering the source whence it emanated. Calls are not to exceed \$1.00 each, and office consultations

must not be charged for at a greater rate than fifty cents each. There are some other equally lucid provisions to the literary curiosity, but we forbear from enumerating them.

Our State Board of Health not long since held its annual meeting and the subject of medical education came up incidentally. Some of the members stated it as their firm and unalterable conviction that no diploma should be recognized unless the college issuing it required its possessor to have attended three courses of lectures in one or several reputable medical schools. Others of the members of the same Board gave it as their opinion that an attendance upon two terms of lectures was all-sufficient. To arrive at a definite conclusion, it was decided to have a vote. When the result of the ballot was announced the discovery was made that the Board was evenly divided upon the question, with no hopes of obtaining a majority for either side of the question. What to do in such circumstances might have puzzled others, but the Missouri State Board of Health cut the Gordian knot and solved the difficulty in a very simple manner. The whole matter was referred to the State Legislature and it has been resting there ever since. We presume that it needs a prolonged rest and will get it. Our Solons are not particularly anxious to wrestle with the question and there seem to be indications that it will quietly slumber into non-existence unless some vigorous means be pursued to resuscitate it into the semblance of life.

We are certain that there will be other features of a medical character brought out in this Legislature before it adjourns. The Social Evil bill has a few; but what we want is a good, genuine "way-back" medical law (that won't hold water). We need it, as physicians are so thoroughly incompetent to manage their own affairs that they need the kindly and protecting care of the farmers to help them along.

#### EDITORIAL NOTES.

A CASE OF SYPHILIS, presumably contracted from a horse, is reported in the present number of the JOURNAL by Dr. A. D. Williams. We do not desire to impugn the veracity of Dr. Williams' patient as the man most probably made his statement in good faith. What we desire to state, however, is that he made a mistake and a most glaring one. That the

diagnosis of syphilis in the man's case was correct we are certain. That the man suffered from pyæmia, most probably, as a result of infection from the horse is reasonable and that the lesions should have been the point of entrance of the syphilitic virus emanating from some undiscovered source is also the most probable solution of an otherwise unaccountable and, we may say, impossible phenomenon. Syphilis has not only never been seen in the lower animals but experimental inoculations, most carefully made, have invariably failed with the exception of Martineau's monkey who was exhibited at Lourcine in 1882. The experimental inoculation of animals with human syphilitic virus (we know of no other) has always proven a signal failure in the lower animals resulting simply in phlegmonous lesions. And were syphilis a disease to which animals of any kind were subject we should certainly see examples of it from time to time and it would certainly spread to other individuals of the same species.

MEDICAL LEGISLATION is commented upon as follows in a late number of the Detroit Emergency Hospital Reports :

We do not favor any scheme of medical legislation which recognizes pathies and sects in medicine, and when a doctor goes to the legislature with the word homœopathy, allopathy and eclectic on his lips, he makes a grave mistake. It is a virtual acknowledgment that there are different dogmas of medical belief which the State should recognize. And when once recognized and stamped with the authority of the State, it matters not if they really are no more than the baseless fabric of a dream, they are with us to stay and tax us until we are wearied beyond hope of relief. The writer then goes on to say that this is a free country, and a man ought to be allowed to indulge himself in any *harmless* fancy which adds to his happiness, and does not interfere with that of others, but when that fancy takes a course which threatens the lives or labors of its votaries, the State ought to call a halt. To do that the State should have some machinery which can give it the desired information. There should be a department of the State government which represents the healing art and science. It should be truly representative of the medical profession, and it should say who may practice those arts and sciences within the boundaries of the State. The State

Board of Health might do that work, and, we believe, the medical profession of Michigan, irrespective of creed and fancy, is willing to entrust it with it.

THE SECULAR PRESS AND MEDICAL LAW in California is the same as elsewhere but it seems that at the present session of the Legislature of that State certain inaccuracies in the enactments of 1876 and 1878 have been in contemplation in order to make them operative. The *Southern California Practitioner* informs us that the secular press has made a great fuss over this and goes on to state that the vigorous rush to the defence of the homœopaths and eclectics, who are in no danger nor apprehensive of any, is evidently a ruse to distract attention from the point at issue. The uniform exactation of a high standard of qualification and the enforcement of a decent deportment on the part of licentiates means serious inroads upon the job rooms and advertising columns of the secular press. Not usage alone, but self-respect has, from date unknown, forbidden physicians who were qualified to emblazon their abilities. The legitimate practice of medicine, independent of disputed therapeutic questions, involves a high order of mental discipline which leads to a willing renunciation of the grosser methods of achieving fame by means of notoriety. Hence the very general abstention from the use of secular advertising by regulars. Hence, too, their especial exposure to attack by the press.

THE ENDOWMENT OF RESEARCH more particularly in medical schools is not looked upon as favorably by the public in general as those who are particularly interested in the subject would desire. Mr. Frederick H. Madden states in the *Provincial Medical Journal* that Sir Henry Roscoe, in his address to the students of St. Mary's Hospital, London, at their annual prize-giving last July, expressed it as his opinion that nothing would do more to raise the status of English medicine than the foundation of research scholarships of moderate amount, to be given to the various medical schools in London. The general public recognizes that though the ends of education are practical and immediate, those of research are speculative and remote; but, nevertheless, it is an undoubted fact that two things are absolutely necessary for research work. In the first place, entire immunity from any pecuniary wor-

ries, since science which is not disinterested ceases to be science, and the introduction of the utilitarian motive destroys the strictly scientific character of research ; and in the second place, freedom from those cares which interfere with reflection. As Professor Sayce said, " Scholars are not famous for their riches ; and if they are willing to contribute their natural wealth of brains and labor, it is only fair for the community which is benefited thereby in prestige, in civilization, and in knowledge (which is power), should on its side also afford them the means of doing so. The research and discoveries of the student are public gains, and as such should be supported by public funds." The Earl of Derby, when Lord Rector of the University of Edinburgh, expressed it as his belief that " more liberal assistance in the prosecution of original scientific research is one of the recognized wants of our time." The present moment is a particularly happy one for impressing the needs of medicine upon the public attention.

### Microscopy.

**The Technique of Injecting Small Animals.\***—If, after paying a dollar a pound for gelatin and thirty-five cents an ounce for carmine, going to the trouble of preparing your injecting fluid, injecting the subject, dissecting out the desired parts, and going through all the processes of hardening, etc., we find that the injecting material is of too light a color; that the capillaries are not well filled, or that by having used too great pressure some of them have burst and allowed the coloring material to escape, we naturally feel irritated at a technique which is liable to results costing the loss of money, labor and several days of more or less valuable time.

A repetition of such expressions set me to work to devise a technique which would be free from them and I think I can safely say that I have learned to prepare the gelatin solution and to use it without the failures and annoyances enumerated. I do not wish, however, to present my method, embraced in the following notes, as superior to any other yet devised, but simply as one that will work well in every case. Without further comment it is as follows:

\* Paper read by R. N. Reynolds, M. D., of Detroit, Mich., before the American Society of Microscopists, Thirteenth Annual Meeting, held at Detroit, August, 1890.

## PREPARING THE INJECTING FLUID.

Take of Coxe's gelatin (the brand known as "Sparkling," to be obtained in two ounce papers at any grocer's) 600 grains put into a proper receptacle—a pint fruit jar, for instance, and add five ounces of cold water, cover and set aside for several hours or over night.

Put into another receptacle 400 grains of carmine No. 40, and add four drams of stronger water of ammonia and four ounces of distilled water, cover and set aside.

When ready to proceed, place the vessel containing the gelatin in a water-bath and apply heat until thorough solution of the contents is effected. This may be hastened by frequent agitation of the container. If the latter is of glass the water surrounding it in the water-bath should be cold at the start, in order that the container shall be gradually heated, thus avoiding cracking and breaking. When perfectly fluid and homogeneous, strain the hot gelatin off into a clean jar, using as a strainer an ordinary linen handkerchief. To facilitate the passage of the liquid, dip the strainer in hot water before pouring the gelatin through it. Place the jar of strained gelatin in hot water to maintain its fluidity.

Insert loosely into the neck of a glass funnel of proper size, a small wad of absorbent cotton, and place the funnel so that its apex rests in the neck of the jar of gelatin (which last must be kept hot and fluid). Decant the carmine solution, previously prepared, into the funnel and allow to filter through. Stir the gelatin and carmine together until an even homogeneous liquid is obtained.

Remove the funnel, throw out the cotton, rinse thoroughly and again plug the apex with absorbent cotton. Pour in some distilled water and tampon the plug until the water passes only drop by drop. When this has been attained pour out the water and replace the funnel over the carminated gelatin solution. Mix four drams of glacial acetic acid and two ounces of hot water, pour into the funnel and allow to filter through drop by drop with continuous stirring of the gelatin until all has passed.

The carminated mixture will be found to have changed from a dark lilac to a bright scarlet color, and it is now ready for use. If too little acid has been used the color will still be too dark, and the liquid will have a tendency to pass through

the vascular walls and stain the neighboring tissues. If too much has been used on the contrary, the color will be too light, and the gelatin will solidify but slowly, or not at all, according to the amount of excess. Therefore it is best to purchase the ammonia and acetic acid from parties whom you know to maintain their chemicals at full standard (pharmacopœial) strength. The amount of prepared injecting matter obtained by following the above formulæ and processes will be about thirteen ounces, which should cost, all told, less than fifty cents.

#### INJECTING THE SUBJECT.

For injecting we need the following apparatus and chemicals:

1. Injecting syringe, nozzles and stop-cock.
2. Curved needle, threaded with No. 10 Chinese silk.
3. Some ordinary, strong parcel twine.
4. A sharp-pointed knife.
5. An ordinary wash basin.
6. A kettle of hot water.
7. A pail of ice-water.
8. A starch or other box with a sliding lid.
9. Chloroform.
10. The injecting fluid, which must be kept in water sufficiently warm to maintain the fluidity of the gelatin.

The syringe and parts should be placed in warm water.

The animal to be injected is placed in the box and chloroformed in the usual way—either by pouring chloroform into the closed box, or better still, by saturating a bit of cloth or a wad of cotton with the anæsthetic and placing in the box.

After narcosis is complete the animal is removed and the operator, seizing the skin of the belly along with the subjacent abdominal parietes, draws them forward so as to lift clear of the intestines, and inserts his knife, bringing the incision forward, well up between the forelegs. Cut the diaphragm so as to allow the latter to be spread widely apart. Lift the heart and cut off the apex (in rabbits or cats a quarter of an inch off the apex will be sufficient, the main point being to avoid opening the right ventricle) and allow the blood to escape, holding the animal alternately by the ears and tail until the vascular system is completely drained. It must now be put into a vessel of warm water to maintain its animal heat.

At once pass the knife between the heart and the pericardium and slit the latter so that it can be pressed upward to expose the aorta and superior vena cava. We can now pass the canula of the syringe upward through the opening in the apex of the heart, and it will pass into the aorta without guidance.

Fasten the canula into the origin of the aorta by passing the threaded curved needle between the latter and the vena cava and bringing the thread around the head of the canula and securing it by a surgeon's knot. If we are working without an assistant, while we are making the first half of the knot the canula will be likely to drop out. It must be replaced and the heart held well upward so as to keep it well forward while the knot is tightened. When the knot is complete bring the ends of the thread up and fasten in the usual manner around the hook or cross-bar of the syringe. The nose of the stop-cock is now inserted into the base of the canula, made tight by twisting, and then allowed to fall into the warm water and there remain until the syringe is filled with the injecting material.

When this latter has been done close the orifice of the syringe with the finger and rinse from nozzle and tube all superfluous gelatin with warm water. Force the nose of the syringe into the stop-cock while both are under water, and we are now ready to commence injecting.

The piston of the syringe is now slowly forced downward and it will be but a moment before we note a change of color in the nose and intestines of the subject.<sup>†</sup> The forcing in of the fluid should continue until a considerable amount of the gelatin has made the circuit of the circulatory system and has escaped into the basin placed there to receive it. The necessity for allowing a certain portion to thus apparently go to waste is emphasized by the fact that the residual blood (which is thus forced out) would, if left in the circulatory viæ, turn black and damage the specimen. When a sufficient amount has thus escaped, we may proceed to finish our work by taking a piece of twine and wrapping it tightly around the

<sup>†</sup>A curious reflex phenomenon will be noticed at this moment, in the injection of many small animals, notably old rats and their natural enemy, the cat. As soon as the arteries begin to fill with the injecting fluid the legs are moved upward and downward with a kicking motion which continues sometimes four or five minutes. The motion simulates life so closely that we can scarcely believe that the animal has been dead for half an hour.

apex of the heart and the injecting canula, stop the flow. We now force in a small amount more of the injecting fluid (the amount depending on the size of the animal, an ounce being sufficient for a grown cat) and close the stop-cock. The syringe is removed and the animal is held under the top of the hydrant until all foreign matter, stains, etc., are washed away. It is then placed in ice-water and left there for some hours, for the gelatin to become hard and firm.

Our injection is now completed, but under ordinary circumstances it will be several days ere we can tell whether we are pleased with our work or not, since while the color of the tissues tells us that every organ has been injected, only hardening and sectioning of the parts will enable us to say whether the coloring fluid has or has not filled the capillaries and otherwise done as we wished that it should do. Since to place the entire animal in alcohol, at once, might entail considerable cost in case the preparation prove faulty or unsatisfactory, I am in the habit of dissecting out some portion or portions of the body and preparing them for examination in the usual way (by hardening in alcohol, etc.), the balance, in the meantime, being preserved in salt-brine. When our "samples" are tested and found *not wanting*, the brine is thrown away and the injected body transferred to alcohol.

**Apologetic and Explanatory.**—For the first time in nearly, if not quite, a decade, the JOURNAL appeared in February without its accustomed "Department of Microscopy." The omission was one rendered unavoidable by the mental and physical condition of its editor during the entire month of January. He had picked up somebody's "grip," down South, and as a consequence for several weeks lost his own on pretty much everything sublunary. If anybody wants to know anything concerning the cussedness of the disease he is prepared to give cursory pointers, providing he be allowed to use polyglot expressions. No one language can do full justice to the subject.

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F. L. J.

Dr. Joseph Parrish, one of the leading American authorities on inebriety, died January 15th. He was the son of Dr. Joseph Parrish, a noted Philadelphia physician. He was born in 1818 in Philadelphia and was graduated from the University of Pennsylvania.

## Dermatology and Genito-Urinary Diseases.

**Erythema Nodosum in Children.**—Erythema nodosum is at best a disease of infrequent occurrence and according to Comby (*Journal des Maladies Cutanées et Syphilitiques*) it is rare in children. Among several thousand he has observed but sixteen cases during a period of seven years. He states that its frequency is about equal to that of herpes zoster; or one case of each is found to occur in every 1,000 children. He has observed ten cases in boys and six in girls. Of this number one occurred at fourteen months, twelve being observed in children of from five to eleven years. He has never observed the disease in connection with rheumatism, but the prodromal symptoms were always quite marked, the fever rising every evening. The period of convalescence always exceeded that of the eruption and the treatment was general in character to combat the anæmia and general debility, cooling applications being applied locally.

**Koch's Lymph in Lupus.**—The effects of the injection of Koch's lymph in lupus vulgaris are described in so many different ways that one is really at a loss to know what to believe. Von Bergmann states in a private letter that the results are excellent in his hands. Schweninger has also observed excellent results. Kaposi seems to be satisfied with its effects. Stelwagon and others in our country look upon the method favorably. At a recent meeting of the Société Française de Dermatologie, Vidal, in the name of a special commission, reported that since Nov. 30 last, 32 patients had been subjected to the Koch treatment, receiving from 4 to 6 injections each at intervals varying from 4 to 10 days. The general reaction presented no regularity whatever, and was frequently entirely out of proportion to the local reaction. In a few cases reaction was so intense as to threaten the life of the patient. George Thibierge, in a review of Koch's method from a dermatological point of view (*Annales de Dermatologie et de Syphiligraphie*) states that while the effects of the remedy on cases of lupus vulgaris are rapid and remarkable, especially in the

ulcerative forms, no one has yet published a case in which a complete cure was recorded. That is to say, in no case, up to the present, have all the lupus tubercles completely disappeared. Again, while the method has undoubtedly produced rapid cicatrization and other advantages, in some cases serious complications and even death have resulted. Visceral lesions are frequently left behind whose ultimate fate no one can predict. So that, on the whole, the injection of Koch's lymph is to be made with great care and surrounded with all possible safeguards.

**Eczema Caused by Nerve Disturbance.**—Dr. L. Duncan Bulkley has contributed quite an exhaustive paper on this subject to the *Medical News*. He states that there can be no question whatever that an eruption of eczema may be induced, in a person who has never before experienced the same, by certain conditions or disturbances of the nervous system; in other words, the nerve-influence can produce the disease *de novo*. Besides this, neurotic agencies may prolong the disease or bring about fresh outbreaks. The author goes on to state that eczema has been observed: 1°. In connection with or following mechanical injuries to conducting nerves. 2°. In connection with or alternating with functional disorder of conducting nerves. 3°. In connection with or following peripheral irritation. 4°. In connection with or following internal reflex irritation. 5°. In connection with or following nervous or mental shock. 6°. In connection with or following upon, once or repeatedly, neurasthesia or nerve exhaustion.

**Acquired Syphilis at the Age of Four.**—There is a belief prevalent among the lower class of Germans and Irish that if the possessor of a chancre has sexual intercourse with a virgin, he will escape all further trouble from the disease. This circumstance is what has lead Dr. Alexander Lyle to regard as a case of rape, one of a little girl, four years of age, affected with syphilis (*Medical Record*). Upon examining the child, probably two months or more after infection, he found the labia inflamed, œdematous, and surrounded with condylomata, which also existed about the anus, the whole exhaling a sickening odor. The large papular, the papulo-squamious, and the miliary papular syphilides were present. The glandular involvement was marked, especially so on the

[March,

left side. No history of infection could be made out, but the local conditions seemed all to point to direct infection of the genitals. The treatment adopted was Taylor's mixed prescription, which is as follows:

B Hydrarg. biniodid.....	gr $\frac{1}{2}$ .
Potass. iodid.....	3 ij.
Syr. sarsaparill. co.....	3 ss.
Aquæ.....	ad $\frac{3}{2}$ ii.

M.

Sig. One drachm every three hours.

Aristol was applied locally, the parts bathed frequently with a two-per-cent carbolic solution, and a pad of absorbent cotton inserted between the labia.

**Bassorin Paste.**—This is a new base, for use in dermatological practice, which is highly extolled by Dr. George T. Elliot (*Journal of Cutaneous and Genito-Urinary Diseases*). It is composed of bassorin, water, glycerin, and dextrin. The advantages of this paste are thus summarized by the author: 1°. Bassorin paste is a perfectly neutral substance which of itself produces no irritation whatever, and when used alone it acts simply as a protective to the skin. It does not become rancid or decompose or undergo change when kept for a length of time, unless it be exposed in an open vessel. When this is done it becomes dry and hard, but even then rubbing it up with a little water renders it again as serviceable as at first. 2°. It is easy and simple in application, requiring to be spread upon the skin with the finger or a brush. It dries in the space of a few minutes if so applied, adheres closely, does not rub off and soil the linen, but forms a flexible coat, which does not interfere with the movements of the body. When its removal is desired, the preparation can be washed off with a little water, or a damp cloth or sponge. It remains *in situ* without change for a variable length of time, depending upon the condition of the surface on which it has been applied. 3°. With the bassorin paste almost any drug can be incorporated; those which exist in the form of powders or in solid forms in any amount desired, the tars, ichthyol, and oily substances in smaller percentages, but sufficient for all practical purposes. 4°. The action of drugs incorporated with it and their effect upon disease appears to be as good as

when such are used in other excipients—or perhaps better in some cases. 5°. It is of wide applicability, and of value in both acute and chronic forms of disease, its use being limited only by the degree of moisture on the surface being treated or to which it may be exposed.

**Actimomycosis of the Skin.**—This affection is a sufficiently rare one to attract more than passing attention. The *Journal of the Am. Med. Ass.* states that Tilanus (*Münchén. Med. Wochenschr.*) reports a case in which the skin of the face was alone affected, the muscular structures and mucous membrane of the mouth remaining free. Two similar cases have been reported, one by Albert, the other by Majocchi. The history of the case was briefly as follows: A young woman 22 years of age presented a swelling of the right half of the face that slowly increased and later opened in several places; finally the whole region from the external angle of the eye and including the side of the neck as far as the angle of the lower jaw. The skin of the part presented red prominent masses interspersed with patches of healthy tissue, with here-and there an ulcer, which discharged a sero-purulent fluid. The few remaining teeth were carious and were removed. Treatment consisted in thoroughly curetting the affected skin, and free applications of a solution of corrosive sublimate. The etiology of the trouble was obscure, but the author thinks the carious teeth played an important rôle in the production of the disease. Dr. Lesser, of Halle, contributes to the *Arch. für Klin. Chir.* three cases of actimomycosis hominis in which the skin alone was affected. The first was that of a salesman thirty-five years of age who had suffered from toothache for one year, and had eighteen extracted. For six months he had an ulcerated swelling of the forearm. A careful examination revealed similar ulcerations upon the right side of the head, in the right infraclavicular groove, and the left side of abdomen. A second was that of a thirty-four year old man, who for several days had presented two swellings on the right calf. The enlargements were painful and the patient had rigors with high fever. The subcutaneous lymphatics were not involved. A third was that of a locksmith, who six weeks previously had been lightly burned upon the right leg. In this region a slight swelling appeared, which rapidly increas-

ed, followed by ulceration and the discharge of some pus. All three cases made a rapid recovery after excision, curetting and cauterizing. The diagnosis in each case was confirmed by the finding the *strahlenpilz* in the discharge of the wound. The author says that it is of special importance to note the great variability in the clinical picture presented by actimomycosis of the skin in man. At times the process may be sub-acute; again, it may be acute with marked disturbance of the general health. As a rule, swelling of the regional lymph glands is not present.

O-D.

### Diseases of the Eye and Ear.

**How to Test the Vision—Test Types.**—It is often a matter of great importance to determine whether a person sees perfectly or not. If a person has normal or perfect vision, the conclusion naturally follows that the eyes are not diseased. On the contrary, if the vision is found to be defective or imperfect, then there must be either congenital defect, some anomaly of refraction, or some inflammatory or organic disease, which causes the defective vision. In the latter event the examination must determine to which class the trouble belongs. But how can we determine whether the vision is perfect or not? For this purpose some one of the numerous test types must be used. All are based on the same fundamental idea, so it is immaterial whose test types are used, but Snellen's are in most general use. Experiments with normal eyes have proven that two points, such as two black dots, must be far enough apart to subtend an angle of one minute at the macula lutea before the eye can determine that there is any space between them. Further experiments have proven that block letters—as high as they are wide—must subtend an angle five times greater than that of the two dots to enable the normal eye to see all their parts distinctly. Consequently the test letters must subtend an angle of five minutes at the retina. This is the fundamental principle of all test types. Some letters of the same height and width can be seen distinctly much farther than others, but the principle holds good. It is immaterial how far the letters are placed from the eyes, since their size must be proportionately greater or smaller according to their distance from the eye.

Suppose two straight lines start at the retina and diverge, as they extend, so as to form an angle of five minutes. Now, test letters, at whatever distance from the eye they may be placed, must be just large enough to fill the space between these diverging lines. If close to the eye, they must be very small; if twenty or more feet away, they must be proportionately larger. If one hundred feet away they must be proportionately larger. In this way it is easy to see that the same principle—an angle of five minutes—covers the test at all distances. As a matter of convenience, the test is usually made for the distance, say from ten to twenty feet from the patient. The test letters are numbered from one upwards, according to the distance in feet they should be distinctly seen by an eye with normal or natural vision. Suppose a patient wishes to know whether he can see perfectly or not. Place him, say ten feet, before a card of test types of large and small letters. Cover one eye (for in all such tests only one eye must be tried at a time) and ask him to run over the line of letters numbered X; if he does so readily, that eye has normal vision. If he reads readily still smaller numbers, the vision is more than perfect. If he cannot read easily No. X, the vision is defective. Suppose the eye can read promptly only No. XX at ten feet; then the degree of vision would be represented by  $\frac{10}{xx} = \frac{1}{2}$ . Suppose the eye reads No. VIII at ten feet, then the vision would be represented by  $\frac{10}{viii} = 1\frac{1}{4}$ , which means that it is one-fourth more than perfect. The other eye must be tested in the same way, and a similar record made. If each eye sees readily No. X at ten feet, the vision of both is perfect, and the record would be  $\frac{10}{x} = 1$ . The conclusion would be that, since the vision is perfect, there is no disease of the eyes. There is occasionally a rare exception to this conclusion, but it is a safe rule to follow.

**Can Syphilis be Contracted from Suppurative Sores in the Horse?**—Several years ago, I treated a man for well-defined syphilitic iritis, who at the same time had other positive evidences of secondary syphilis. This man gave the following history of the inception and progress of his trouble, and I think he told the truth so far as he knew it. At all events, I believed his statement at the time. He had a horse, which he worked in a dray, and depended upon that kind of

business for his living. The horse's neck, where the collar worked upon it, suddenly swelled up to an enormous size and soon broke and discharged most profusely. A suppurating, fistulous sore was the result. Being anxious to have the use of the horse, the man washed and dressed the sore regularly, using a sponge for that purpose. During the progress of the treatment, the man accidentally mashed one of his fingers in driving a nail, making a break in the skin. Immediately after the next washing of the horse's sore neck, this finger swelled up suddenly, involving the whole hand and arm, making the man at once seriously ill. His description of the trouble pointed to erysipelas, but enormous abscesses formed later, first under one arm and then under the other, and still later in various other parts of the body. In the meantime, discolored spots in the skin developed. Still later, intense inflammation in his eyes came on; were intensely painful and lasted for several weeks. Old adhesions between the irides and the lenses proved that the inflammation was acute iritis. When I first saw him he was suffering intensely with syphilitic rheumatism, with nodules on the shin bones, and with tender spots in the periosteum of the long bones. Had also a large ulcer on one leg, and lymph exudations in the pupils, making the vision very dim.

*Diagnosis.*—Beyond all question, syphilis far advanced in its second stage. The usual anti-syphilitic treatment proved positively the correctness of the diagnosis. The intense pains promptly ceased, the nodules and sore spots rapidly disappeared, the ulcer on the leg quickly healed, and the lymph exudations in the pupils largely absorbed, greatly improving the vision. That the man had genuine syphilis, there is no question. I believe he contracted the disease from the suppurating sore on the horse's neck, in the manner as described.

He communicated the same disease to his wife, with the usual symptoms and course. The same anti-syphilitic treatment promptly relieved her completely.

**Blindness of Many Years Cured by Trephining the Occiput.**—At a late meeting of the St. Louis Medical Society, Dr. T. F. Prewitt reported a most interesting case of prompt recovery of sight in one eye after nine years of complete blindness as the result of trephining the upper part of the occiput.

When seven to eight years old the patient received a severe blow on the back of the head. When fourteen years old the left eye became totally blind, which was nine years before the operation. Severe brain symptoms slowly developed and grew constantly worse till a few weeks ago the young lady was forced to seek relief from the intense and constant suffering. The examination revealed a large, tender cicatrix in the median line over the upper margin of the occipital bone. Pressure upon the spot caused intense headache to follow. Depression of the bone could not be positively diagnosed. As stated, the left eye had been blind for nine years; more recently the vision of the other eye was seriously impaired at times. The appearance of the optic nerve in each eye was stated to be normal—an important fact in making a prognosis. Dr. Prewitt very properly concluded that the only thing to do was to trephine the skull at the point of injury. He removed a large section of bone, which was found to be much thickened but not perceptibly depressed. The dura mater was also somewhat thickened. When a flap of the membrane was raised the substance of the brain seemed to be healthy. The wound was closed and dressed in the usual way. A few hours after the operation the patient discovered that she could see perfectly with her left (blind) eye and the vision continued good up to the time the report was made. The doctor is to be congratulated on the brilliant, though unexpected, result. In this connection I may state that Dr. Tuhol'ske (*Courier of Med.* for January, 1891) barely mentions the case of a woman, blind for twenty years as the result of a blow on the occiput, restored to sight by trephining the seat of injury. No particulars are given.

A. D. WILLIAMS, M. D.

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### Excerpts from Russian and Polish Journals.

**On the Treatment of Acute Exudative Pleurisy by Aspiration.**—In the *Vratch*, Nos. 49, 50 and 51, 1890, p. 1115, Dr. A. Egorovsky, house-surgeon to the Tiraspol Military Lazaretto, ably discusses the treatment of acute exudative (serous and sero-purulent) pleurisy and warmly advocates the following noteworthy therapeutical propositions: 1°. The best treatment of the disease consists in making early repeated tappings with aspiration. 2°. The tappings should be per-

formed every third or fourth day until the effusion has ceased to re-accumulate, or has absorbed. 3°. The earlier the tappings are resorted to, the greater are the chances for a rapid complete and permanent cure. 4°. The treatment is indicated even in cases of relatively scanty effusions. 5°. The aspirations depress febrile temperature, alleviate thoracic pain, improve the appetite and the patient's subjective state and altogether shorten the acute stage of the affection. 6°. They never give rise to a quickened re-accumulation of exudation, on the contrary, they invariably accelerate the absorption of effusions. 7°. They never change the character of the latter (that is, they never transform a serous exudation into a sero-purulent one, or a sero-purulent into a pure purulent). 8°. They are not contra-indicated even in the presence of pulmonary tuberculosis. 9°. The best apparatus for the purpose in question is constituted by Potain's powerful aspirator. The author's statements are based on twenty-four typical case of pleurisy (mostly referring to soldiers) treated by him after the plan recommended, everyone and all of them speedily ending in a complete and permanent recovery. Of other twenty-one cases which were treated after various usual methods (the internal administration of diuretics, diaphoretics, purgatives, iodide of potassium, chloride of sodium, iron, etc., etc.,) in none could anything like a complete absorption of the effusion be attained.

**A Remarkable Case of Lightning Stroke.**—In the Polish *Nowiny Lekarskie*, November, 1890, p. 435, Dr. Zaremba records the following unusual instance of lightning stroke, ending in complete recovery. Being overtaken by a storm on a country road, two peasant lads, aged eighteen, A. and B., sought refuge under two big poplars, about twelve metres one from the other, the lad A. standing in such a manner that only his right shoulder-blade was in contact with the tree. A lightning stroke suddenly flashed above their heads, both of them falling down. The lad B., however, at once got up and hurried to his mate, to find him lying apparently dead. When brought to the spot by B., in about twenty or thirty minutes after the accident, the author found the patient already on his legs, slightly dazzled, but otherwise seemingly quiet and composed. He answered rationally all questions,

complaining only of an intense ear-ring and slight jerking of his right hand, but of no pain. There was also noticed a peculiar greenish-yellow tint of his facial skin. On examination, his occipital hairs proved to be burnt and singed, while somewhat above the right scapula there was detected a mark of an intense burning, which lower down was transformed into a dark brown streak, one centimetre wide. The latter descended along the shoulder-blade and ribs towards the right anterior aspect of the abdomen, to pass from here to the corresponding groin, anterior and lateral surface of the right thigh and to terminate on the calf in the shape of another more severe burn of the skin. At the level of the latter lesion the lad's trowsers proved to contain a lacerated hole, freely admitting a fist. An inspection of the tree under which the lad had been standing, showed that its bark was extensively split up exactly down to the spot at which his scapula had been in contact with it. In other words, the electric current, having passed along the poplar, penetrated at that level into the patient's body and then emerged from his calf to sink into the earth. The lad was able to walk to his village. On the next morning he was found quite well. It is interesting to note that he did not recollect anything of what had occurred during the first ten hours after the stroke (he did not see the flash and did not hear the thunder; neither could he remember how he had come home or what had happened on the way thither, etc.).

**Peppermint Oil in Suppurative Otitis.**—In the *Meditzinskoë Obozrenie*, No. 24, 1890, p. 1098, Dr. B. Pietkowski, of Radam, writes that the perusal of Dr. L. Braddon's paper has induced him to try peppermint oil, as a local antiseptic, in twenty-five cases of chronic suppurative otitis media of from one to twelve year's standing. The experience has led him to the conclusion that, as far as the affection in question is concerned, the oil affords positively the best antiseptic-dressing material of all yet known, since : 1°. It does not irritate the tympanic mucous membrane; 2°. it inhibits suppuration with a striking rapidity, which is partially dependent upon a high diffusibility of the oil; 3°. it is absolutely innocuous, even when employed in rather strong solutions; 4°. it is an excellent deodorizing agent; 5°. it is very pleasant for the pa-

tient. The author usually practices the following method. He begins with washing out the ear with a tepid five per cent solution of sulphate of sodium, and afterwards thoroughly irrigates the cavity with the following mixture:

R	Solutionis olei menthae piperitae Anglicæ in alcoh. absoluto 5 per cent.....	5 grammes.
	Aquaæ (ab. 25° or 28° C.).....	500 grammes.

M.

Then he carefully dries the meatus and plugs it with peppermint cotton wool which is prepared by treating Bruns's sterilized cotton wool with a 0.5 per cent. solution of peppermint oil in sulphuric ether. The procedure is repeated daily. Even in most inveterate and obstinate cases, otorrhœa greatly decreases, or ceases altogether, in from ten to fifteen days. After the cessation of the discharge the author passes to a dry dressing of the ear with powdered boracic acid, mixed with one per cent. of the oil. [Dr. E. B. Blumenau also speaks highly of the oil treatment of otorrhœa. *Vide* the *St. Louis MEDICAL AND SURGICAL JOURNAL*, July, 1890, p. 54].

**Alcohol in Erysipelas.**—In the Polish *Przeglad Lekarski*, 1890, IX 3, p. 791, Dr. Stembart, of Cracow, Austrian Poland, emphatically recommends the treatment of erysipelas by means of freely painting the affected area and adjacent apparently healthy zone with absolute alcohol. The painting should be made with a brush or cotton wool swab and repeated every two or three hours. Of twelve consecutive cases treated by the author after this simple, easy, safe and highly efficacious method, eleven recovered in two or three days. The remaining case (that of an extensive puerperal erysipelas of the lower limbs and lower part of the body) was cured on the tenth day.

**On the Influence of an Irritant Dietary on Albuminuria.**—With the aim of studying the subject, Dr. Nisons Feldgun, of St. Petersburg, has carried out (*St. Petersburg Inaugural Dissertation*, 1890-91, No. 4, page 45) a course of clinical observations on eight male patients of from thirty-seven to fifty years of age, suffering from chronic interstitial parenchymatous nephritis. As representatives of irritant or acrid dietetic substances, black pepper (*piper nigrum*) and mustard were selected, the powder being given just after meals in gelatine capsules or wafers, in the daily dose of from

0.3 to 0.6 grammes, while mustard (from 1 to 5 grammes a day) was either swallowed in the same way, or taken with the dinner in the ordinary manner. The pepper period in individual cases lasted from nine to seventeen days, the total quantity of the condiment ingested oscillating between 1.8 and 10.2 grammes; the mustard experiments (always separated from the pepper ones by a certain free interval) continued from six to fourteen days, the total amount of the substance used varying from 10 to 100 grammes. The total duration of the observations oscillated from twenty-three to fifty-seven days. The patient's dietary otherwise consisted of soup, milk, cutlets, roast beef, bread and tea with sugar, remaining (as all other conditions) identical through the whole experiment. The following are the main conclusions drawn by Dr. Feldgun from his instructive research : 1°. In cases of chronic Bright's disease, a more or less prolonged use of pepper or mustard, taken in the ordinary dietetic quantities, is followed by a distinct increase of albuminuria, both absolute and relative losses of albumen being augmented. 2°. The unfavorable influence of the spices is manifested both in interstitial and parenchymatous forms of the renal disease. 3°. Simultaneously with aggravating albuminuria, the condiments markedly intensify dropsical phenomena. 4°. Their effects on the secretion of urine, however, appears to be less definite. Pepper seems to occasionally increase the discharge, which, however, is not accompanied by any amelioration in the patient's condition. 5°. Neither pepper nor mustard produces any appreciable impression on the compensatory work of the heart. 6°. On the whole, the proposition is fully justified that the seasoning substances in question, as well as any other pungent constituents, are decidedly contraindicated in nephritic cases. More especially is this true in regard to a parenchymatous form, in cases of which even a few doses of pepper may give rise to a considerable and rapidly progressing aggravation of the patient's condition; the circumstance may be, probably, explained by the irritant principle being excreted through the kidneys in a more concentrated form (since the amount of urine in such patients is usually but scanty) and thus causing a correspondingly more intense local inflammatory irritation.

Berne, Switzerland.

VALERIUS IDELSON.

## Medical Progress.

### THERAPEUTICS.

**Hydrastinine in Menstrual Hæmorrhage.**—Falk has found that hydrastinine is very effective in congestive dysmenorrhœa, menstrual hæmorrhages due to a change in the texture of the uterus, in metrorrhagia due to endometritis, in myoma, etc. He orders the following :

B Hydrastinini muriat.....	gr. $\frac{3}{4}$ .
Ext. glycirrhizæ.....	q. s.
Ft. tal. pli. No 10.	
Sig.: Take one or two pills daily.	

One pill should be taken a few days before the hæmorrhage begins, and two while it continues.

**Acute Rheumatic Attacks.**—Dr. William Henry Porter says (*Medical News*) that for acute rheumatic attacks nothing relieves so quickly and effectually as free mercurial purgation followed by salicylic acid or the salicylate of sodium. He prefers the following formula :

B Salicylic acid.....	ʒ <i>iiij.</i>
Sodium bicarbonate.....	ʒ <i>iij.</i>
Elixir of gaultheria.....	ʒ <i>i.</i>
Glycerin.....	ʒ <i>ss.</i>
Water sufficient to make.....	ʒ <i>iv.</i>

M.

S. Dose, one fluidrachm every hour.

The salicylates should be given hourly until their full effects are produced, then the interval between the doses should be lengthened from two to three or more hours, as may be required.

**A Mercurial Caoutchouc Plaster.**—Schneegans and Corneille (*N. Y. Med. Jour.*), give the following formula :

Dammar resin.....	20 parts.
Benzoinated suet.....	34 "
Lanolin .....	20 "
Caoutchouc.....	6 "
Metallic mercury.....	20 "

The mercury is rubbed with the lanolin until no more globules are visible; the resin and suet are melted together and

strained through muslin, then the caoutchouc, dissolved in benzene, is added, and the latter is evaporated on the water-bath. To the still lukewarm mixture the mercurial lanolin is added and well mixed. The spreading is deferred until the mass no longer shows air-bubbles and flows evenly.

**Bichloride Spray for Erysipelas.**—This method is that employed by Talamon in small-pox pustules. It consists in spraying for a minute on the most external zone of the erysipelas, within and without the erysipelatous border the following :

B.	Hydrargyri bichloridi.....	gr. xv.
	Acdi citrici vel tartarici.....	gr. xv.
	Alcoholis (90°).....	3j.
	Ether. sulphurici, q. s.....	ad. 3ij.

M.

This solution, being caustic, must not be thrown in the eyes nor nostrils. The spray is to be repeated two or three times daily. M. Cayet states that this treatment is efficient and rapid. If employed from the beginning of the trouble the disease generally terminates in recovery on the fourth day.

**Whooping-Cough.**—One of our exchanges states that Baumel uses a mixture which also acts favorably upon the catarrhal condition :

B.	Ext. belladonnæ.....	gr. j
	Syrup. tolutan.....	3iv

M.

Sig. Three to four coffee-spoonfuls for a child one year old.

Talamon prescribes :

B.	Terpine.....	gr. xv
	Antipyrin.....	gr. xv
	Syrup. aurant.....	3j. 3vj.
	Mucilaginis.....	3ij.

M.

Sig. One or two teaspoonfuls several times a day for a child under four years.

For use at the time of the paroxysm, Wilde recommends the following mixture, a teaspoonful of which is to be poured upon a compress and held close to the child's mouth.

B.	Chloroformi.....	3j
	Ether. sulphuric. purif.....	3ij
	Ess. terebinthæ rect.....	3iiss.

M.

**The Use of Iodol.**—According to Egasse, iodol presents great advantages over iodoform as an antiseptic (*Med. News*). The author employs it in a solution made in the following manner:

B	Iodol.....	1 part.
	Alcohol (95 per cent.).....	16 parts.
	Glycerin .....	34 "

M.

For inhalations, Cervesato employs the following:

B	Iodol.....	1 part.
	Absolute alcohol .....	4 to 5 parts.
	Glycerin .....	10 "
	Water .....	10 "

M..

The iodol is dissolved in warm alcohol, and then added to a hot solution of concentrated glycerin, when a yellowish-brown color occurs in the solution.

Pick is said to employ iodol by dissolving one part in five of ether; or, where small abrasions are to be covered, he employs iodol collodion made in the following manner:

B	Iodol.....	1 part.
	Ether .....	10 parts.
	Gun cotton.....	5 "

M.

An ointment may also be made by adding 15 grains of iodol to 2½ drachms of vaseline, or from 5 to 10 parts of iodol to 100 of lanolin. Iodol-gauze may be prepared in the same manner as iodoform gauze.

**Salicylate of Mercury.**—This remedy is one which has been largely neglected, despite the fact that it is useful to a high degree. One of the great drawbacks which attended its use was the impossibility of dissolving it in water without the addition of alcohol or of chloride of sodium. Otherwise this salt has antiseptic powers equal to those of corrosive sublimate and is devoid of the latter's bad qualities. M. Vacher has overcome the difficulty of making a solution (*Médecine Moderne*) by obtaining salicylate of mercury through the double decomposition of a mixture of corrosive sublimate and salicylate of soda in water. In addition to the salicylate of mercury, a chloride of sodium is formed which makes the solution a stable one. This solution is not irritating, contains no alcohol, and may be used for various purposes according to

its strength. For external use the following formula may be employed:

R	Hydrarg. bichlorid.....	gr. iv
	Sodii salicylat.....	gr. viij
	Aquaæ.....	3 viij

M.

If a weaker solution is desired, the following may be ordered:

R	Hydrarg. bichlorid.....	gr. j
	Sodii salicylat.....	gr. ij
	Aquaæ.....	3 x

M.

For hypodermic injections in the treatment of syphilis, M. Vacher, injects one cubic centimeter of the following solution which has given him the best results:

R	Hydrarg. bichlorid.....	gr. v
	Sodii salicylat.....	gr. x
	Aquaæ destillat.....	3 j

M.

One cubic centimeter contains three-twentieths of a grain of salicylate of mercury. The injection is not painful and is never followed by abscess. Internally, a tablespoonful or slightly more of a one to a thousand solution may be administered.

#### PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

**Nature of Hypnotism.**—The New York correspondent of the *Journal of the American Medical Association* states that at a recent meeting of the New York Medico-Legal Society, a special committee on hypnotism, of which Dr. E. Morgan, Jr., was chairman, reported that after a year's consideration of the subject they regarded it safe to say that the following facts had been established: 1°. Hypnosis, or artificial trance sleep, is a subjective phenomenon, and may be self-induced through expectation alone, through fright, by religious ecstasy, or any enrapturing emotion. 2°. Hypnotism is not in itself a disease. 3°. Hypnotism is recognized in three stages—lethargy, somnambulism and catalepsy. The transition may be immediate. 4°. Hypnotism has been serviceable in medical and surgical practice, both as a therapeutic agent and in some cases as an efficient and safe anæsthetic. 5°. The illusory impressions created by hypnosis may be made to dominate and tyrannize the subsequent actions of the subject.

**Hyperemesis Gravidarum.**—In a paper on the progress of obstetrics and gynæcology in Germany (*Annals of Gynæcology and Pædiatry*) Dr. G. Winter states that in the session of the Obstetrical and Gynæcological Society of Berlin on the 24th of October, 1890, the subject of hyperemesis gravidarum was again discussed. Prof. Kaltenbach, of Halle, brought forward an entirely new view of the etiology and consequently of the treatment. He considers the vomiting of pregnancy in general, and likewise the morbid excess of such vomiting, as a nervous affection, as a sort of hysteria; he thinks it is caused not by pathological changes in the uterus, or in the stomach, but by a peculiar disposition of the nervous system, in which reflex excitability is increased, and reflexed inhibition is diminished. He has cured a case by washing out the stomach once, together with a very positive suggestion that the cause of the vomiting was removed thereby. This view of the etiology explains very well the peculiar course of the disorder and its sudden cure by mental influences. Kaltenbach advised to be very reserved in recommending the induction of abortion; mental treatment of the patient promises the best results. Gusserow and Ebell agreed in accepting this new etiology.

#### DISEASES OF WOMEN AND CHILDREN.

**Treatment of Typhlitis in the Young.**—E. Mansel Sympson outlines the following as the treatment of typhlitis in the young (*Archives of Pediatrics*): In the earliest stage, absolute rest in bed, entirely liquid food, and a sedative mixture are necessities. He has generally used the liquor opii sedativus (B. P.), and occasionally joined with it some tincture of belladonna; nepenthe has also proved very valuable on two or three occasions. If the pain be *very* severe, a hypodermic injection of morphine will relieve it for a time, and he has found it disappear "for good" after one injection. A mustard-leaf may be applied to the seat of pain, and followed by a linseed poultice every two hours, or a hot fermentation or spongiopilin if the poultice be too heavy. A few drops of brandy or other spirit sprinkled on the flannel on the side which will touch the skin often takes away pain successfully. It is well in two or three days' time to administer a fair-sized enema of soap and water, and unless the bowels are moved of themselves, this had better be repeated daily. With ordinary

care it is quite harmless; it removes whatever may be in the sigmoid flexure, and it stimulates the colon to get rid of its contents, thus probably helping to empty the cæcum and withdrawing the cause of the inflammation. If the vomiting is troublesome, an effervescent mixture with hydrocyanic acid, or small doses of lime-water, will be useful. For diet, a little broth, or beef-tea, or arrow-root, given every two hours in two or three ounce doses will suffice. Milk he regards as not very good food in these cases; unless it be freely diluted with soda-water or lime-water, it is too apt to become a mass of hard curds in the stomach, which may prove very irritating to the inflamed bowel. With the cessation of pain, the lessening of the lump in the groin, and the general improvement in the patient, of course an improved diet and some change in the medicine become needful. Bismuth, he has generally found to be serviceable in the latter stage going on to convalescence. With the surgical varieties into which typhlitis may stray, he has no personal experience with them, nor does he touch on that debated question, removal of the appendix.

**Pelvic Inflammation in Women.**—This formed the subject of a series of papers and discussions, at the late meeting of the Medical Society of the State of New York (*N. Y. Med. Jour.*), Dr. A. F. Currier introduced the subject. He said that the practical points which were to be explained were whether pelvic inflammations in women were due to traumatism or infection, or both. Also, what was the influence of parturition, gonorrhœa, syphilis surgical injuries to the pelvic structures, the congestion of menstruation, retained secretions within the uterus or vagina, and solid and cystic new growths. Blood and lymph vessels and glands, nerves, muscular and cellular tissue, serous and mucous membrane were all present in the pelvis, and were all susceptible to inflammatory processes. The uterine appendages might undergo varying degrees of inflammation and degeneration. As to the methods of dealing with the various morbid processes, he would leave that part of the discussion to the gentlemen who followed him.

Dr. W. Gill Wylie, in dealing with the question of the pathology of inflammation of the uterine appendages and tissues around the uterus, said that when in a state of acute inflammation it was very difficult to make a differential diagno-

sis as to the location of the inflammation in many cases. During the acute stage of septic poisoning after labor or abortion there was inflammation of the veins and lymphatics, but phlegmon was rarely formed in the cellular tissue. The poison might extend in the cellular tissue, and an acute cellulitis kill the patient, but such a condition as a chronic cellulitis the speaker had never seen. When removing the diseased Fallopian tubes and ovaries during the acute stage of the formation of a pelvic abscess he had found the connective tissue of the broad ligament edematous and thickened. Here the real disease was in the tube and ovary, and the connective tissue was only affected by continuity, for, when the tube and ovary were removed, the oedema in the surrounding tissue would soon disappear.

In over four hundred laparotomies done for the removal of diseased tubes and ovaries, the great majority being typical cases of so-called cellulitis, the speaker had not found one case which could be fairly termed cellulitis. Invariably the abscess had started in or about the Fallopian tube or ovary within the peritoneum.

Dr. J. H. Raymond thought that pelvic cellulitis, while not frequently met with apart from associated inflammatory conditions, certainly did at times occur. It might result from traumatism, ovarian apoplexy, or by infection from the uterus. If resolution did not take place, pus might form, find an outlet, and recovery take place. The second class of cases were complicated with pelvic peritonitis resulting from a variety of causes, and a third class included salpingitis. Ovaritis constituted another phase of pelvic inflammation. Where any of these forms of inflammation underwent resolution without suppuration the possibility of subsequent trouble from adhesion would be minimized. The presence of pus was an indication for evacuation by means of the knife.

**The Treatment of Pelvic Inflammation in Women.—** Following the last speaker, Dr. L. S. McMurtry read a paper on this subject. He thought pelvic cellulitis so rare a condition as to be practically excluded from a consideration of operative treatment in women. Pelvic peritonitis, however, was of such common occurrence, so recurrent, and so dangerous in its sequæ to comfort, health and life, that it was the most im-

portant of the affections encountered in gynecic practice. After reviewing the various forms of inflammation which might be relieved by such palliative measures as warm sitz-baths, rest, the hot douche, massage, counter-irritation, saline purgatives, and so on, he said that when a patient presented the history of recurrent attacks of pelvic inflammation it was at once indicative of leaky tubes. The only treatment which would cure was removal of the diseased appendages by abdominal section. It was folly to wait for the advent of rupture and general peritonitis before making a decision. It was amazing to see with what reluctance the profession had come to accept this great advance in pelvic surgery. Even now—when masses of suppurating tubes and ovaries were dug out of the pelvis in the midst of virulent peritonitis, and the patients were saved from a hitherto fatal condition—many eminent members of the profession stigmatized the procedure as castration of women. So far as he was aware, surgeons operated on the female pelvis for local disease only, and never with the idea of effecting a cure of reflex disturbances and obscure symptoms.

**Lacerations of Cervix and of Perineum.**—In a recent paper on lacerations of the parturient canal, Dr. Henry T. Byford says (*The Physician and Surgeon*) that to sew up a cervical laceration after labor is quite easy, for the vagina is lax and the cervix can easily be held down by vulsellæ; while the parts are usually so insensative that either no anæsthetic is required, or at most a little cocaine applied to the vaginal entrance. But not only should the cervix be sutured with catgut or silkworm gut, but the torn vaginal edges should be stitched together, leaving a space below for the passage of the strips of the iodoform gauze with which the connective tissue rent is packed. The loose gauze packing may be pulled out in twenty-four hours, preceded and followed by a copious hot water douche, and the raw connective tissue spaces be expected to collapse, and heal with little or no suppuration or cicatrization. At the end of thirty-six or forty-eight hours after labor one or two per cent. carbolic douches every six or eight hours will prevent infection by decomposing lochia.

He thinks it is unnecessary to consume time by more than briefly alluding to lacerations about the vaginal entrance and perineum. The man who is to escape censure must sew them

up. He might tell those who have never sewed up complete lacerations of the perineum after labor, that it is one of the easiest of operations, while the secondary is one of the most difficult. The previous distention and relaxation of the sphincter ani insures our success. The vaginal portion can be sewed up carefully, for the patient does not feel the needle. The perineal stitches need also cause no pain, for the needle may be introduced under the edges of the skin, thus avoiding the cutaneous nerves, and there is nothing to be gained by including the skin. He prefers catgut for the vaginal sutures and silkworm gut for the perineal. The two lower ones should catch well into the rectal sphincters, and may be left in place for a month. The bowels should be moved on the second day, and be kept soft in character. The dilatation of the sphincter during labor renders incisions into the the sphincter posteriorly, or the introduction of a rectal tube, entirely unnecessary.

#### SURGICAL ANNOTATIONS.

**New Remedy for Tuberculosis.**—Prof. Liebreich (Berlin) is said to have discovered a *new remedy against tuberculosis*, which he will disclose to the Medical Society of Berlin at its next meeting. It is a chemical substance readily prepared by and obtained from chemists.

**Koch's Lymph at Auction.**—A public auction of Koch's lymph is pending at Minneapolis. Its former owner had no other "bona" of personal property wherewith to satisfy a debt of \$400, than a small vial of Koch's tuberculin. The sheriff of the county will test its intrinsic value by public sale!

**Case of Cholecystotomy in which the gall-bladder had been separately closed by suture as in the so-called ideal operation (Bernays) and then fixed in the wound.** Langenbuch assigns as a reason that his method offers the advantage of success and safety.

In the following discussion Küster relates a successful operation for the removal of an impaired large gall-stone completely closing the ductus choledochus. Both wounds were separately closed, and the patient recovered without interruption.

**Fritsch's (Breslau) Aseptic Method.**—This consists in scrupulous cleanliness of the operative field and of everything which may come in contact with the wound, to the exclusion of all chemical disinfectants. Steam is used to prepare sponges, dressing material and instruments. During the operation the hands and sponges are cleaned by a sterile solution of chloride of sodium. Fifty-two successful laparotomies performed by him in four months have fully sustained the efficacy of his method. (Lawson Tait has advanced and followed the same plan years ago. And I have for years in my lectures ascribed to the ideal cleanliness, the essence of Lister's method.—L. B.)

**Case of Floating Liver—Operation and Recovery.**—The patient had been exhibited a year before. She had then successfully passed through an operation for the fixation of the floating right kidney. She had felt relieved but a short time. Similar troubles made their appearance and gradually grew worse, particularly in the right side and when in the erect position.

On examination another and larger movable tumor was discovered in the same locality. Explorative incision at the lumbar region dispelled all suspicion, for the kidney was found in place and well fixed. A later laparotomy left no doubt in reference to the character of the movable tumor being the floating liver.

The rather relaxed organ could be drawn through the wound to the same extent as is usual with a part of the lung. The wound was then transversely enlarged along and parallel with the arch of the lower ribs. The right hepatic lobe, after having replaced the organ, was then fixed by stout sutures, passing through the costal cartilages. There was almost no loss of blood, and the operation was finished in eight minutes. The relief was complete in three months.

**At the Meeting of the free convention of Berlin surgeons,** Prof. Langenbuch exhibited several rare and highly interesting cases, among them *fixation of a hepatic lobe* which had almost been separated from the liver by lacing. Lady, aged fifty, had for twenty years suffered from periodically recurring headache, pain in abdomen, liver, back and shoulder. The intermission grew gradually shorter and the attacks would occur at least every week, and ended with emesis of food.

Examination disclosed a flat, smooth and firm tumor connected with the liver but somewhat shifting. Probable hepatic lobe pressing upon abdominal organs, pushing the right flexure of the rectum out of place and flexing it abnormally. Laparotomy on the 11th of June, 1890. The right lobe is horizontally divided in two parts, held together by a very delicate bridge of connective tissue. Preposition of the liver into its physiological position right through the anterior hepatic margin and the entire thickness of the abdominal parietes of the transverse wound and tight closure. Recumbent position for six weeks. All symptoms had gradually subsided, the lower hepatic line exactly remaining at the place of fixation.

**Ununited Fracture.**—In the *Medical Record* (January 31, 1891) Dr. John Ridlon contributes two cases of ununited fracture, which he has successfully treated without operation by an apparatus very much like that recommended by the late Dr. Owen Hugh Thomas, of Liverpool, and which enabled the patient to walk about. Very likely the union of the fractured bones was prevented by undue motion within a plaster of paris dressing, but I remember a case of a young man who required fourteen weeks before callus was formed and consolidated. I was the more surprised at the delay of union, since he was but twenty-two years old, of excellent physique, surrounded by all that wealth could buy; the dressing was perfect, and for this reason I did not change the treatment, which was at last successful.

The young man was quite an athlete from constant gymnastic exercises, which had monstrously developed his musculature. I think some English surgeons have made similar experiments under the same condition.

St. Louis.

LOUIS BAUER.

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The Mississippi Valley Medical Association will hold its seventeenth annual session at St. Louis, October 14th, 15th and 16th, 1891. A large attendance is expected. The members of the medical profession are invited to attend. The President is Dr. C. H. Hughes, of St. Louis; the Secretary, Dr. E. S. McKee, of Cincinnati; and the Chairman of the Committee of Arrangements is Dr. I. N. Love, of St. Louis.

### Book Reviews.

#### A Treatise on the Diseases of Infancy and Childhood.

By J. LEWIS SMITH, M.D. Seventh Edition, thoroughly Revised. 8 vo. pp. 900. With fifty-one illustrations. [Philadelphia : Lea Brothers & Co. 1890.

If the popularity of a work is to be measured by its sales, then the present one occupies a front rank. This it does, and deservedly so. It is a good guide which can be relied upon in the management and treatment of a most difficult class of diseases—those incident to infancy and childhood. We have had occasion to notice former editions of this work, which has become classical, so to speak. Of course, in a work of such limited compass as the one before us, nothing but broad, general principles can be laid down ; but, so long as these are sound, their practical application in particular cases is not such a difficult matter.

The author has omitted a preface to his work, so that it is a difficult matter to determine at what time he delivered the manuscript of his book to the printer. All the allusions in his text do not date after 1888, and this may, in part, account for the fact that there is an omission of several of the newer remedies which have proven effective in the treatment of certain affections. Thus, no allusion is made to bromoform in whooping cough.

Another point to which we alluded in a former review is, that the chapter devoted to the skin diseases of children is almost perfunctory in character. Why any allusion should be made to them any more than to eye diseases or affections of the ear we do not understand ; and yet these latter are not spoken of at all. That skin diseases are more easily recognized or treated and are mentioned on that account, facts do not warrant us in assuming.

Aside from these minor faults, which certainly do not detract from the worth of the book, we do not know of many works on pediatrics which we would more readily recommend than this one. All the work given by the author is the result of conscientious and pains-taking effort ; his teachings are

sound and his style clear and lucid. We are sure that the present volume will meet with a ready sale, as former editions have, and will prove as valuable in the hands of those using it as its predecessors.

The typographical make-up of the volume is in the Lea's usual style, which means that it is irreproachable.

**A Manual of the Practice of Medicine.** By Frederick Taylor, M. D., F. R. C. P. 8vo. pp. 877. With Illustrations. [Philadelphia : P. Blakiston Son & Co, 1890.]

The author of this manual has had sufficient opportunities, as lecturer on medicine at Guy's Hospital, to write a work. The author states that he has endeavored to be more full on diagnosis, treatment and prognosis than in regard to etiology and pathology, although these are by no means neglected. The difficulty of encompassing the subject of the practice of medicine in a volume of not quite 900 pages is quite marked and the shortcomings of an author who is limited in this manner are certainly such as to deserve leniency.

In the matter of symptomatology the author is somewhat concise, but his descriptions are, in the main, good. In some cases they are perhaps a little shorter than is quite absolutely necessary. The treatment, as might be expected, is distinctly English and differs somewhat from the American, this being quite natural not only on account of different ideas in respect to therapeutics but because the types of diseases are somewhat dissimilar.

The author follows the custom of the English writers upon the practice of medicine in devoting quite a portion of his work to a consideration of diseases of the skin. In his classification he excludes the neurotic troubles, having disposed of them in the consideration of diseases of the nervous system. Erythema and urticaria are included with the inflammatory affections.

An addendum alluding to the European epidemic of influenza is added and the work concludes with a full index.

One aim of the author in this work and one which he has been quite successful in attaining is the presentation of facts to the exclusion of theories. Theoretical discussions are avoided, a mere mention being all that they receive. To the student of medicine and many practitioners the work will

prove of value on this account. More elaborate treatises can be profitably consulted, during leisure moments, for an elaboration of theories and their discussion, but for immediate and rapid reference in regard to facts the work before us will prove of much value. In fact, it may be regarded as a practical reference book of medical facts.

The Blakistons present the work in handsome shape, and their enterprise in presenting the works of the best English authors can not be too highly commended.

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### Literary Notes.

The *Anales de la Asistencia Publica* has just been received by us. It is a new monthly publication issued at Buenos Ayres, the initial number including ninety-six octavo pages, and the second one hundred and twelve. It is quite an important medical publication issued by the best medical men in Buenos Ayres.

The *Medical Progress* has decidedly changed in management lately. The editorial staff has retired *en masse*, leaving Dr. Robert C. Kenner in charge of this department. Private letters, which have been sent out by some of those who retired, say that they did so for well-known reasons.

The *Clinic* is a journal published in Atlanta, Ga., by medical students. As a result of the work of 'prentice hands, it is fair; but the Atlanta Medical College will find that as a boom for the college, it will be better for the faculty to handle it.

The *Sei-I-Kwai Medical Journal* has enlarged its size beginning with the new year. It continues, as in the past to be the leading medical publication of Japan, and is always full of interesting matter. The only objection we have to it is the fact that one-half of it is published in Japanese, and, in consequence of the prolonged demise of our Japanese editor, we are unable to obtain any satisfaction from this portion of the publication. What adds to our disappointment is the fact that the table of contents of this portion is printed in English.

**Pamphlets Received.**—The following pamphlets and reprints were received during the past month, and we take this

opportunity of returning our thanks therefor: A Submembranous Local Treatment of Pharyngeal Diphtheria, by A. Seibert, M. D. (Reprinted from the *New York Medical Journal*, December 6, 1890); Amygdalotomie et Hémorragie, par le Dr. E. J. Moure (communication fait en partie à la Société de Chirurgie de Paris, 1891); Mechanical Obstruction in Diseases of the Uterus, by George F. Hulbert, M. D. (From the *Medical News*, December 20, 1890); Contribution à l'étude des lesions du pancreas dans le diabète, par M. Lannois et G. Lemoine. (*Arch. de méd. expériment.*, January 1, 1891); Sur un Cas d'Adénie Infectiense due au Staphylococcus Pyogenes Aureus, par les Drs. Gabriel Roux et Maurice Lannois (*Revue de Médecine*, December, 1890); Natur und Behandlung des Ekzems von Dr. Unna (*Berliner Klinik*, September, 1890); Ueber diè insensible Perspiration der Haut von Dr. P. G. Unna. (Separat abdruck aus der *Med. Revue fur Balneal-Hydro und Mechan. Ther.*, etc. Vol. I., Nos. 2-4); Gebrauch des Ichthyols by inneren Krankheiten von Dr. P. G. Unna. (Sonder-Abdruck aus *Monatshefte fuer Prakt. Dermat.*, 1891, No. 2); Ueber einen neuen Mikrobrenner und Seine Anwendung bei der Rosacea und andere Hautkrankheiten, von P. G. Unna. (Sonder-Abdruck aus *Monatshefte fuer Prakt. Dermat.*, 1890, No. 1); Zur Kenntniss des Lanolins, von P. G. Unna. (Sonder-Abdruck aus *Therapeutische Monatshefte*, 1890, Nos. 2 and 4); Observations based on the Clinical Application of the Koch Lymph at Vienna, by Otto E. Foster, M. D. (Reprint from the *Weekly Medical Review*, January 17, 1891); The Non-Operative Treatment of Delayed Union in Fractures of the Leg, by John Ridlon, M. D. (Reprinted from the *Medical Record*, January 31, 1891); Two Cases in which the Uterus was perforated by a Curette, both Recovering, by Francis L. Haynes, M. D. (Reprinted from the *Am. Jour. Obst. and Dis. of Women and Children*, No. 11, 1890.); Gynecological Memoranda, by John R. Haynes, M. D. (Reprinted from the *Southern California Practitioner*.); Abdominal Surgery, reported by Dr. John R. Haynes; Neuritis of the Tibial Nerves, Requiring Amputation of Leg, history by Francis L. Haynes; Suppurating Ovarian Cyst—Ovariotomy: Recovery, by Francis L. Haynes, M. D. (Reprint from the *Southern California Practitioner*.); Irrigation of the Puerperal Uterus, its Uses and Dangers, with Especial

Reference to the Treatment of Puerperal Fever, by Francis L. Haynes, M. D., and John R. Haynes, M. D. (Reprinted from the *Am. Jour. Obst. and Dis. of Women and Children*, Vol. XXII, No. 2.); On the Treatment of Piles by Injection of Carbolic Acid, by Francis L. Haynes, M. D. (Reprinted from the *Southern California Practitioner*.); Supra-Public Lithotomy, History of one Operation, by Francis L. Haynes, M. D. (Reprint from the *Southern California Practitioner*.); Hyoscine Hydrobromate as a Hypnotic in Private Practice, by Francis L. and John R. Haynes, M. D. (Reprinted from the *Therapeutic Gazette*, September, 1886.); Notes from General Practice, by Francis L. Haynes, M. D. (Reprinted from the *Therapeutic Gazette*, July and August, 1886.); A Death Caused by a Uterine Dilator, with Some Remarks as to the Proper Method of Using the Dilator, by Howard A. Kelly, M. D. (Reprinted from the *Am. Jour. of Obstet. and Dis. of Women and Children*, No. 1, 1891.); Sur la pratique antiseptique des accouchements. Service de MM. les Drs. Berdin, Bar, Maygrier, Champetier, de Ribes, 2<sup>e</sup> Cahier du *Journal de Médecine et de Chirurgie Pratiques*, January 25, 1891.

**Books Received.**—The following books were received during the past month:

Twelve Lectures on the Structure of the Central Nervous System, for Physicians and Students. By Dr. Ludwig Edinger. Second Revised Edition, with One Hundred and Thirty-three Illustrations. Translated by Willis Hall Vittum, M. D. Edited by C. Eugene Riggs, A. M., M. D. 8vo., pp. 230. [Philadelphia and London : F. A. Davis, 1890. Price, \$1.75.

Manual of Clinical Diagnosis. By Dr. Otto Seibert and Dr. Friedrich Mueller. Translated from the Fifth Edition. Enlarged and Revised by William Buckingham Canfield, A. M., M. D. Second English Edition Revised and Enlarged, with Fifty Illustrations, and One Colored Plate. Large 12vo., pp. 185. [New York and London : G. P. Putnam's Sons, 1890. Price, \$1.50.

Heredity, Health and Personal Beauty. By John V. Shoemaker, A. M., M. D.. 8vo., pp. 422. [Philadelphia and London : F. A. Davis, 1890. Price, cloth, \$2.50; half morocco, \$3.50.

**Principles of Surgery.** By N. Senn, M. D., Ph. D. 8vo., pp. 611. Illustrated with One Hundred and Nine Wood Engravings. [Philadelphia and London: F. A. Davis, 1890. Price, cloth, \$4.50; sheep, \$5.50.

The Weekly Medical Review has changed editorial management. Dr. Bransford Lewis, in view of a contemplated trip to Europe, has resigned as editor and Dr. G. W. Broome assumes the tripod. Dr. Broome has been a frequent contributor to the *Review*, so that he will not enter upon his duties an utter stranger to his readers.

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### Melange.

**The Medical Society of the Missouri Valley** will hold its next meeting at Omaha, Neb., March 17th next.

**A Woman in Lapeer, Michigan,** gave birth to a child when she was sixty years old. She had been married thirty-eight years. *Is pater est quem nuptiae demonstrant.*

**The Jolly Bacillus** is said to be the sign of a coffee-house in Berlin. It is further embellished by a portrait of Koch; and, as the waitresses are all pretty, we presume there is a rushing business.

**Artificial Production of Inguinal Hernia.**—It is said that in Russia the Jews sometimes produce inguinal hernia in themselves in order to avoid military service. An instrument resembling a glove-stretcher is used, and by means of it the inguinal canal is gradually dilated. At least such is the statement made by one of our contemporaries.

**The Association of American Anatomists** held their third annual meeting, which was a pronounced success. The next meeting will be held at Washington at or about the time of meeting of the Congress of American Physicians and Surgeons in September, 1891. The officers for that meeting are as follows; President, Prof. Joseph Leidy; Vice-Presidents, Prof. Frank Baker and Dr. F. D. Weisse; Secretary and Treasurer, Dr. D. S. Lamb; Executive Committee, Prof. Harrison Allen, Prof. Thomas Dwight, and Prof. B. G. Wilder.

**A Step in the Right Direction.**—The Illinois State Board of Health has decided that hereafter it will recognize no foreign diploma that does not confer upon its holder the right to practice medicine in the country in which it was granted. This rule applies to the holder of any Austrian, German, Russian or Swiss diploma who has not passed the State examination in the country in which the diploma was granted. It

applies, also, to Canadian diplomas, unless the holder be a licentiate of the colleges of Physicians and Surgeons of Ontario and Quebec.

**The Medical Society of the State of New York.**—At the annual meeting, held on the 3d, 4th and 5th ult., the following officers were elected for the ensuing year: President, Dr. A. W. Suiter, of Herkimer; Vice-President, Dr. W. W. Crandall, of Wellsville; Secretary, Dr. F. C. Curtis, of Albany; Treasurer, Dr. C. H. Porter, of Albany.

**Section on State Medicine of the American Medical Association.**—Dr. Benjamin Lee, Secretary of the State Board of Health of Pennsylvania, has been appointed Secretary of the Section on State Medicine of the American Medical Association. As the meeting takes place in Washington, May 5th, it is important that all papers intended for this Section should be in his hands by the 5th of April. All members of the Association desiring to be enrolled in the Section, are requested to forward him their names at 1532 Pine street, Philadelphia.

**A Chinaman's Prescription.**—The Anniston, Ala., *Hot Blast* publishes the following as the prescription which a Chinaman handed to a druggist of that city, to be filled for cancer: " Pickled lizards, two pairs; Cornea ginseng root, one-half ounce; willow cricket skins, half a dozen; rattlesnake tail, one-fourth ounce; sweet potato vine, one ounce; black dates, two ounces; red bark, one and one-half ounces; devil-fish suckers, three ounces; reindeer's horn (ground) one-half ounce; bird's claws, one-fourth ounce; lotus leaves, one-half ounce; white nuts, one ounce; dried ginger, one-fourth ounce; coffin nails (old ones) five ounces. Boil the whole in two quarts of water, drink two spoonfuls a day, and make paste with the solution and powdered rat's flesh, and apply to the sore."

**Ricord Prize.**—The Académie de Médecine has been authorized by the French Minister of Instruction to accept the bequest of Philippe Ricord. This will be utilized by founding a prize to be awarded every two years to the author of the best work on venereal diseases which has appeared in the intervening period.

**The New York College of Physicians and Surgeons** has been made a part of Columbia University, which completes the latter's organization, as it is understood it will never include a school of theology. The medical college also gains in that its faculty will be relieved of all cares connected with its financial management.

**Leprosy in Russia.**—One of our exchanges states that the municipal authorities of Riga are about to erect a leper-house at a distance of from six to seven versts from that city, at an estimated cost of 55,800 roubles. This includes a house for the medical superintendent and one for the warden, besides a postmortem room, etc. Although the number of lepers in Riga and its neighborhood amounts to about 100, the new lazaretto will contain only forty beds. As isolation is not compulsory, it is thought likely that accommodation thus provided will be sufficient for the lepers who voluntarily seek admission. It is expected that a hospital for lepers, with accommodation for forty or fifty patients, will be opened some time in the spring, at Nennal, a place about seventy versts from Dorpat. A branch institution, with ten or fifteen beds, will also be established in the immediate neighborhood of that city, which will serve the purpose of a receiving house for the hospital at Nennal.

**A Surgical Use for Ants.**—The *Medical Record* must be held responsible for the following: Ants have very powerful jaws, considering the size of the bodies, and, therefore, their method of fighting is by biting. They will bite one another, and hold on with a wonderful grip of the jaws, even after their legs have been bitten off by other ants. Sometimes six or eight ants will be clinging with a death-grip to one another making a peculiar spectacle, some with a leg gone, and some with half the body gone. One singular fact is that the grip of an ant's jaw is retained even after the body has been bitten off and nothing remains. This knowledge is possessed by a certain tribe of Indians in Brazil, who put the ants to a very peculiar use. When an Indian gets a gash cut in his hand, instead of having his hand sewed together, as physicians do in this country, he procures five or six large black ants, and holding their heads near the gash, they bring their jaws together in biting the flesh, and thus pull the two sides of the gash together. Then the Indian pinches off the bodies of the ants and leaves their heads clinging to the gash, which is held together until the gash is perfectly healed.

**The Yankee Medical Student.**—Our English cotemporary, the *Hospital Gazette*, states that the Yankee medical student has not very much to be thankful for. First of all, the medical "diploma mills" turn out their thousands of ill-trained and indifferently educated youths to take part in the professional struggle for existence, and then no kind legislature has interfered for the purposes of restricting the practice of medicine to native graduates. His woes, therefore, are tangible, but now Mr. McKinley has got passed a tariff, in virtue of which the tax on microscopes has been raised 60 per cent., so that an instrument which costs ninety dollars in

Germany will, wholesale, cost one hundred and fifty dollars in the States. This will hardly have for effect to stimulate microscopical work, and the cost will, of course, increase *pari passu* with the minuteness of the object to be magnified, seeing that the higher the power the greater the initial cost, and, therefore, the more crushing the protective duty.

An Army Medical Board will be in session in New York city during April, 1891, for the examination of candidates for appointment in the medical corps of the United States Army, to fill existing vacancies. Persons desiring to present themselves for examination by the board will make application to the Secretary of War, before April 1, 1891, for the necessary invitation, stating the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from whence they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates, based on personal knowledge, from at least two physicians of repute, as to professional standing, character, and moral habits. The candidate must be between twenty-one and twenty-eight years of age, and a graduate from a regular medical college, as evidence of which his diploma must be submitted to the board. Further information regarding the examinations may be obtained by addressing the Surgeon-General, U. S. Army, Washington, D. C.

**American Electro-Therapeutic Association.**—This association was organized on January 22, 1891, at the Academy of Medicine, No. 17 West Forty-third street, New York, by the adoption of a constitution and by-laws, and the election of the following officers: President, G. Betton Massey, M. D., Philadelphia; Vice-Presidents, William James Morton, M. D., and Augustin H. Goelet, M. D., New York, Secretary, William H. Walling, M. D., Philadelphia; Treasurer, George H. Rohé, M. D., Baltimore. Executive Council, Horatio R. Bigelow, M. D., Philadelphia; Franklin H. Martin, M. D., Chicago; William F. Hutchinson, M. D., Providence, R. I.; Frederick Peterson, M. D., New York; and Chauncey D. Palmer, M. D., Cincinnati, O.

The object of the Association, as stated in the second article of the constitution, is "the cultivation and promotion of knowledge in whatever relates to the application of electricity in medicine and surgery."

The Association starts with a strong and vigorous membership, and has every prospect of a most useful and successful career.

The next meeting will be held in Philadelphia, in September, of this year. Wm. H. Walling, M. D., Secretary, 2005 Arch Street, Philadelphia, Pa.

**A Medical Report From Ningpo.**—In a report of the Haomeng-fōng Hospital at Ningpo, Dr. Daly, as quoted by the *North China Daily News*, writes: “We have had many opportunities of improving our dental surgery. Chinese teeth are much easier to extract than those of Europeans. In connection with this it may be interesting to mention that the native dentist, possess some wonderful powder which I have in vain tried to procure. The powers of this are said to be marvelous; it is rubbed on the gum, and after an interval of three to five minutes the patient is told to sneeze, when out drops the offending tooth. I have offered a reward of \$100 to any one who will bring about such a brilliant result in my presence, on the condition that I choose the tooth, and am allowed to examine the mouth before and afterwards. No one will submit to such conditions. I trust that some of the doctors in other parts of China will be more successful than I have been in the search for this powder, for whoever gives to suffering humanity a remedy to save them the agony and dreaded sensation of having a huge instrument rammed up forcibly into apparently the middle of one's head, followed by the feeling of having one's head pulled off, and then being told by a general practitioner that one has most difficult teeth to extract and very brittle—which is the gentle way of saying the tooth is broken, and there needs must be a repetition of the operation—will deserve to have his name handed down to posterity as one of the greatest benefactors of the human race.” Dr. Daly also says: “We admitted nine patients suffering from bullet wounds, inflicted in nearly all cases by pirates who infest the neighboring seas and islands. These men are armed with foreign weapons; the bullets are large, but make clean healthy wounds (*sic*). Foreigners who visit the islands in this neighborhood ought to be on their guard against such visitors.”

**Spurious Parataloid.**—When the excitement over Koch's lymph was at its height, certain individuals claimed that if the method of making it was published, a large amount of spurious material would be placed upon the market. Despite the fact, however, that the revelation of the full process has not been divulged, we learn from the Cincinnati *Lancet-Clinic* the following:

An enterprising Eastern firm are endeavoring to place on sale in this and other Western cities, an enormous supply of so-called Koch's Lymph. In no instance are they offering it to the members of the medical profession, but to apothecaries only. We cannot but regard this as a most dangerous and unwarranted proceeding. First, the substance itself when used by the most skillful physicians has been shown to be capable of producing the most violent reactions when used in the

smallest quantity ; and would be extremely dangerous to life if placed in the hands of the people.

It is certainly unfortunate that Prof. Koch has not fully made known to the medical profession *all* the constituents and processes of manufacture of his lymph. Until he does this there will be spurious lymph put in the market, and physicians will be harrassed with doubts as to what this minute particle is that produces such remarkable effects.

It would be a prudent and justifiable act on the part of our government to forbid the public sale to the people of all so-called lymphs that do not give evidence of how, when and where they were manufactured, with a working formula. This is not a thing that should be kept a secret, or sold as a nostrum. The very nature of the case should forbid anything that approaches secrecy in method of manufacture, constituents and administration.

It seems that a reaction has taken place in Berlin. Locally the demand for the lymph has practically ceased ; and generally, the German government is perhaps getting rid of its investment, and is dumping it in one wholesale lot in the United States.

**The Prevention of Narcotic Inebriety.**—At a meeting of the American Association for the Cure of Inebriety, held February 18th at the Academy of Medicine, New York, Dr. J. B. Mattison, of Brooklyn, offered the following preamble and resolution :

“ WHEREAS, a leading cause of morphinism chloralism and cocaineism is the facility with which morphine, chloral and cocaine can be procured from pharmacists ; and,

“ WHEREAS, the refilling of prescriptions containing these drugs is a potent factor in the rise and growth of these diseases,

“ Therefore, be it resolved, as the sense of this Association, that no retail druggist should sell morphine, chloral or cocaine, except on a physician’s prescription ; that no prescription containing morphine, chloral or cocaine should be refilled, except on the written order of a physician.”

These were unanimously adopted, and a committee consisting of Drs. Mattison, Crothers and Wright was appointed to secure legislation along the line of the resolutions.

**Invidious Distinctions.**—Under this head the *Toledo Medical and Surgical Reporter* publishes the following resolutions together with a letter from an advocate of the resolutions :

At a meeting of the Toledo Medical Association, January 23, 1891, the following resolution was introduced and referred to the Executive Committee :

“ WHEREAS, It has become customary for physicians to

place after their names not only their professional titles, but also the names of medical societies to which they have belonged, and the names of those societies of which they are members ; the official positions in these societies that they have occupied, or which they at present hold ; the political offices that they fill, or to which they have been elected ; the business positions which they have secured ; the names of hospitals that they visit ; the names of medical colleges in which they are professors, lecturers or assistants, and many other such titles ; and

" WHEREAS, Such an array of titles in no degree adds to the value of the paper at the head of which they are placed ; and

" WHEREAS, Such practice savors of unprofessional advertising, and in that degree is undignified :

" Resolved, That we regard the mention of these titles, except that of M.D., as unnecessary, and liable to suggest invidious distinctions, and therefore we advise their discontinuance for the future."

The *Reporter* does not see any harm in the assumption by a man of titles which are rightfully his, whereas the " advocate" calls it advertising, etc. The trouble with the advocate is that he used the word "suspicioned," which is enough in itself to down any argument he might bring forward. He must evidently object to a writer appending the title A. B. to his name, for obvious reasons.

**Additions to the British Pharmacopœia.**—Amongst the new drugs introduced are: Sulphonal, phenacetin, paraldehyde, picrotoxin, oil of cade, hydrobromate of homatropine, eucalyptus gum, acetanilide, gluside, and phenazone, the last three being officinal names for antifebrin, saccharin and antipyrine respectively, "Lanoline" appears in the additions as hydrous wool fat (*adeps lanæ hydrosus*). Wool fat is described as "the purified cholestrin-fat of sheep's wool," and the hydrous variety is to be made from this by the addition of thirty per cent. of water. Among the new preparations are : a tincture and ointment of hamamelis, syrup of ferrous chloride, and pilula ferri, the latter representing Blaud's pill, and each five-grain pill to contain about one grain of carbonate of iron ; menthol plaster ; castor oil mixture, in which the oil is emulsified with the aid of solution of potash and syrup, the mixture being flavored with oils of lemon and cloves, whilst orange-flower water is used as a vehicle (two ounces of the mixture contains six drachms of castor oil) ; sulphur lozenges, each contains five grains of precipitated sulphur and one grain of acid tartrate of potassium ; and ointment of hemlock, made by adding dydrous wool fat and a liitle boric acid to evaporated hemlock juice.

## Miscellaneous Notes.

**Bromidia** is used more to-day than ever. It is reliable and never fails in its action.—*Canada Lancet*, January, 1891.

### The Best Remedy for Internal Piles.—

R Kennedy's <i>Pinus Canadensis</i> (dark).....	$\frac{2}{3}$ j.
<i>Ol. Theobromæ</i> .....	$\frac{1}{3}$ j.
M. Rub together, and make 20 suppositories by using a cold mould. Sig. Insert suppository every night at bed hour.	

### Chronic Nervous Headache.—

R Celerina.....	$\frac{3}{4}$ v.j.
Tinct. <i>Hyoscyamus</i> .....	$\frac{1}{2}$ j.
Tinct. <i>Gelsemium</i> .....	$\frac{1}{3}$ j.

M. et Sig. One teaspoonful taken before going to bed.

**V. R. Perkins, M. D., Mercer, Me.**, says: I have tried your CELERINA to perfection, and find it one of the best articles I have ever used in my practice as a nerve tonic. I have used it in a very large number of cases of nervous headache, neuralgia, and in one case of paralysis where all other nerve tonics failed; also in hysteria I often use it with success, and also in all languid and debilitated conditions of the system. It works like a charm in dissipations of all sorts, and some of nerve power arising from venereal diseases. Really I can not do without it in my extensive practice. I have used it in ten cases of dyspepsia without fail. It also has no equal on persons who lead a sedentary life. It is perfectly safe to give to the oldest person, however weak, or the smallest child.

**Parturition.**—"Dioviburnia" (Dios) given in teaspoonful doses every two hours after parturition will prevent convulsions. It controls haemorrhages and relieves after-pains. By its direct tonic action on the uterus, expels blood clots and closes the uterine sinuses, causing the womb to contract. In severe cases, one oz. fluid Extract Ergot may be used in combination with two oz. "Dioviburnia."

It is the experience of some of our most eminent Gynaecologists in all cases where ergot is indicated, that its action is rendered much more effectual by combining it with "Dioviburnia" in the above proportions.

Having had experience with Peacock's Bromides, I can say that for a quietier in spinal difficulties, accompanied with brain troubles, it has, in my experience, become indispensable. It affords sure results, with less secondary trouble, than any remedy that I have ever used.—F. A. KITCHEN, M. D., Toledo, O.

**Nellie Lewis Carnation.**—The latest and one of the best novelties for 1891 is an elegant Carnation, growing on long stems, a free bloomer, with large flowers of an exquisite shade of pink, something entirely different from anything in Carnations. This flower is destined to become a great favorite among the florists, as the ladies prize it very highly for corsage bouquets and decorative purposes generally. The endorsement of the old firm of James Vick, Rochester, N. Y., who introduce this plant, is enough to assure the public that it is all they claim for it. The price is only 50 cents each, three for \$1.25, six for \$2.25, doz. \$4.00; but a better way would be to send 10 cents for Vick's *Floral Guide*, and the 10 cents can be deducted from the first order forwarded for seeds.

[March,

O'FALLON, Mo., Jan. 5, 1891.

*Antikamnia Chemical Co., St. Louis, Mo.:*

**GENTLEMEN**—The Antikamnia came to hand all right. I use it to control the terrible pains of "La Grippe," and it does even more than I could expect. I gave it in 5-gr. doses, rendering my patients perfectly quiet and easy, and procuring them a good night's rest.

Respectfully, HY. LINDSAY, M. D.

**New Additions to Remedial Agents.**—Among some new and convenient medicaments Parke, Davis & Co. announce are Mosquera's Beef Peptone, Malt Extract with Peptone and Urethral Bougies of Aristol.

Mosquera's Beef Peptone is entirely free from the bitterness of the Pepsin Peptones, possessing an agreeable, sweet taste.

Nutrition plays so important a part in modern therapeutics that any additions to eligible methods of nutrition are welcome. Malt Extract with Peptone makes an easily assimilable, highly nutritious combination of malt.

Aristol is regarded by many as quite as efficient as Iodoform in its antiseptic action, and it possesses the special advantage of being entirely free from odor. The Aristol Bougies should find a wide application in the antiseptic treatment of the Urethra. Aristol is a substitute product of Thymol obtained by mixing a solution of Iodine in Iodide of Potassium with an alkaline Thymol solution.

The Marion-Sims College of Medicine, of St. Louis, Mo., will open its SPRING SESSION on Monday, March 16, 1891, at 9 A.M., and will close on Saturday, May 15. The course will include lectures, demonstrations and clinics, and will embrace subjects not generally taught during Winter Sessions. A special and private course for practitioners will be given. Fees \$10.00 for students, to be deducted from Winter fees. Alumni free. For further particulars address YOUNG H. BOND, M. D., Dean, Page and Grand Avenues.

**British Medical Association.** A special Committee on Therapeutics instructed to examine into comparative action of hypnotics, reported as follows on Chloralamid: "In one case twenty grains, and in six cases thirty grains, were given in single doses. After the twenty grains, sleep came on in twenty minutes and lasted three hours with half an hour's interval of waking; after thirty grains, sleep came on in fifteen minutes to half an hour (four cases), one to two hours (two cases). Sleep lasted all night in three cases, in two cases four or five hours, and in one case there was two hours dozing, then an interval of wakefulness, and then two hours sleep. No disagreeable after-effects were observed." —*British Medical Journal*, July 26, 1890.

**Atheroma of the Arteries.**—One of the most common conditions with which we have to deal in middle and advanced life, and also one of the most important as regards the integrity of the brain, is *atheroma of the arteries*. This condition is represented by increased hardness of the radial pulse, the *arcus senilis*, irregular action of the heart, giddiness, vertigo, partial loss of vision, and failure of the memory and other intellectual faculties. Used to obviate these degenerative changes, and to prevent failure in the nutrition of the brain, we have in Proteinol a reconstituent of value. A tablespoonful of Proteinol should be given after each meal and at bedtime.

# THE ST. LOUIS Medical and Surgical Journal.

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VOLUME LX.—APRIL, 1891.—No. 4.

## Original Contributions.

ADDRESS.\* By LOUIS BAUER, M. D., St. Louis.

LADIES AND GENTLEMEN :—In all probability, this will be my last opportunity in addressing so numerous an assemblage of friends and supporters of the St. Louis College of Physicians and Surgeons.

I am one of the few still remaining in official relation with the institution, who stood at its cradle, shaped its course and guided its destiny. You will therefore find it quite natural that I should indulge in a retrospect of its history.

As a matter of course, like all high-aiming enterprises, the college had to encounter its share of painful episodes, some of which threatened its very existence. They were, however, met by its founders with unflinching firmness, and successfully overcome, without the loss of dignity or prestige.

Having thus remained victorious in every contention, and master of the battle-ground, the St. Louis College of Physicians and Surgeons can well afford to forgive without imposing hard terms, and even try to forget, the iniquities committed against it.

The more cause we find for congratulation and rejoicing. Indeed, ladies and gentlemen, if we remember the modest beginning in 1879, in a hired building, in an out-of-the-way part of the city, with limited means for instruction, and a very small class of students, and compare with them our new palatial structure, with all the accommodations requisite for its avowed purpose ; when we find the institution possessed of a

\*Delivered at the commencement of the St. Louis College of Physicians and Surgeons, March 10th, 1891.

fine museum, fully equipped for effectual laboratory work, physiological and chemical instruction ; when we, last but not least, find ourselves surrounded by an intelligent class of students, nearly two hundred in number, then we have indeed substantial cause of pride and gratification. Once the smallest medical school in the State, it has risen to a magnitude and a number of students now nearest to the top of the ladder in Missouri. We have honestly striven to gain that goal ; we have steadily improved and multiplied the means of object teaching ; we have availed ourselves of the best methods of instruction ; we have faithfully appropriated the returns of the institution to the benefit of the students as promised, and then we have employed but honorable efforts to advance its true interests. Yet, we candidly own, that the results of our labor have by far exceeded the merits of our efforts. For this unmerited balance of our success, we are unquestionably indebted to the assiduous opposition with which our college has been distinguished and for which we feel truly grateful, because it proves satisfactorily to our mind, that our enterprise was worth it. Instead of disheartening us, it has certainly stimulated our energy, intensified our resistance, and with William Pitt, we would go into the cheapest market to buy it, if *gratuitous* opposition should be withdrawn from our institution.

Until a recent period the college was exclusively governed by the board of trustees. Although the board has delegated their power to an executive officer, the dean, their approval was indispensable to render his appointments, dismissals and administrative acts legally binding. This one man's power, as it was satirically called, may have been distasteful to some, but it cannot be denied, that the prompt execution of its administration had its proportionate share in the evolution of the college. Whilst filling the office of dean, my official work has always been in accord with the views and directions of the board of trustees, and their approval never failed me in a single instance. Besides, I am conscious that every one of my official acts was inspired by earnest devotion to the interests of the institution, and equally respectful of the rights of every one of my colleagues in the faculty. At any rate, at no time has there been a complaint raised against me, and submitted to the board. On the contrary, I have

been right often the recipient of liberal acknowledgments for fearless justice and impartiality.

When the institution became self-sustaining and a desire more generally manifested, I was ready to accept any change in the management of the College, which the Board and faculty might agree upon. And when this result was attained, I willingly retired from my official position and contented myself with the chair of Surgery, which I have now occupied for twelve years. I am not only contented with the effected change, but daily realize the relief from the multifarious duties and responsibilities of my former office.

I can not allow this occasion to pass without expressing my gratitude for the able support I have received from every member of the faculty in my arduous work as Dean, and beg them to extend the same assistance to my successor, Prof. A. S. Barnes, of which he is certainly as worthy. Equally grateful do I feel toward the Board of Trustees, for the confidence and trust they have reposed in me so many years. On all occasions they stood by and upheld me, when I was made the aim of target practice.

In conclusion, a few words of advice to you, my young friends.

You have all studied diligently the science and art of medicine, and passed a creditable examination. Thereby, you have complied with the conditions of your alma mater. But only a fraction of the present graduating class have attended more than two lecture courses. You are aware that at the present time, there is quite a clamorous demand in professional ranks for a prolongation of time to be exacted for the study of medicine. I think this agitation palpably wrong in more than one respect. For, *knowledye is the only test of efficiency and not time.* But, if time is made the standard, three years' study is unequal to the task assigned to the physicians, because the study of medicine is the arduous work of a lifetime. I, at least have found it so, and I am not sorry of admitting that I have not finished my studies yet.

You, my young brother-physicians now, will have to do the same thing, if you can not content yourself with a back seat, or to the piteous role of a camp-follower. In adopting and following the good example, you will not fail in reaching the goal of your ambition, and in due course of time, you will

ascend by the same diligence to the same eminence of those gentlemen, who have passed through the same ordeal, by the same route, and who *are now advocating a prolonged medical college-education.*

The axiom of our institution from the very beginning "*competent education, irrespective of time.*"

Now, my young friends, a parting advice. At your beginning struggles for life's success, I could not give as good council and certainly in not as classical form as the great Bard of Avon: "The friend thou hast, and his adoption tried, grapple him to thy heart with hoops of steel." And if you can not love your enemy, as Christ enjoined, deal out to him scrupulous justice as the great reformer, Confucius advised his disciples to do.

Now, take my best wishes on your way, remember the old man, whose greatest pleasure and pride has been, to be with you, to serve and instruct you in the science and art of Surgery.

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### Clinical Reports.

#### IMPACTED FÆCES IN THE RECTUM. By WM. HENRY, M. D., Harmon, Ill.

These cases are of rare occurrence, yet in my practice I have met such. When high up, the diagnosis is sometimes difficult; we are confident that there is some obstruction. Usually the bowels have been in a constipated condition for some time, there is difficulty in having an evacuation, perhaps no stool for several days.

I have found it in old people. My first case was a man about eighty years old who did not have an evacuation for quite some time. He strained very much when he went to stool, but nothing came except a little mucus and water. I was called and made a digital examination of the rectum and found a round ball of faecal matter as large as a foetal head at nine months. When I would push against it, it would roll about in the rectum. I therefore, used my index finger and commenced tearing it to pieces, and taking it away gradually at the same time using salt water injections until it was reduced and came away, after which I gave a brisk cathartic to bring it all away, if there was any accumulation higher up in

the rectum or colon. The man was relieved and comfortable for sometime afterward.

My second case was a man about sixty years old, a farmer, who had some trouble with his bowels as he thought; griping pains, somewhat similar to colic. He came to me for some medicine to relieve his pain. He could not have a natural evacuation for several days. The next day he sent for me and told me that his bowels would not move. I tried some cathartics,—epsom salts, castor oil, and pills—but none had the desired effect, except to produce pain. I then tried injections of warm water and molasses, soap suds, salt and water, but there was no impression. My friend, Dr. J. P. Anthony was called in. He did not seem to know what the obstruction was or where it was located. The next day following I made a digital examination to see where the trouble existed. When I introduced my index finger I found a plug of impacted fæces, very hard and dry, about two inches in diameter and very long, I supposed about six inches, as it adhered to the sides of the rectum and was apparently dried to it. I dilated the anus as much as I could and introduced my finger and drew away the plug, by my finger, drawing it down piece by piece, until I brought hardened fæces away. The man came out all right. He was weak for some time but by the use of tonics he was soon around again.

If any such cases occur to my readers, I would advise digital examination before you give up your patient as a failure.

#### SURGICAL CLINIC.

By PROF. LOUIS BAUER, St. Louis.

INFLAMMATION OF LEFT FRONTAL SINUS.—Having just left a young lady with a peculiar complex of symptoms, I should like to put your diagnostic acumen to a test.

Whilst in ordinary good health, the patient was suddenly taken with a severe pain over the left side of the forehead, particularly at the glabella and the superciliary arch. I likewise noticed a moderate œdema over the same area and extending towards the left superior eyelid. The left nasal cavity seemed to be clogged. Although the patient is free from fever, yet she feels distracted and restless. This is the first attack. I may add for your information that these lesions are as rare as they are of dangerous import. The exhibition

of the case would, of course, facilitate its diagnostic recognition, but this can not be done for more than one reason.

A member of the senior class suggested that the case seemed to be "inflammation of the left frontal sinus," which, indeed, is the exact diagnosis.

You are aware that the frontal sinus in the superior compartment of the nasal cavity, with which it shares the same lining membrane and which it lubricates in the erect posture. The ordinary cause of the trouble consists in the obstruction of the outlet of the sinus, thus giving rise to an accumulation and perhaps to decomposition of the mucous excretion. If not promptly relieved, such a retention may lead to serious consequences—suppuration and eventual perforation of the posterior wall, escape into the cranial cavity eventually exciting inflammation of the cerebral membranes and even of the brain itself.

From the character of the prevailing symptoms and from the results of percussion, I have reason to assume that the left frontal sinus is completely filled with fluid, whilst the right one contains air and therefore answers the percussion with a clear, and rather tympanitic sound. Hence our prognosis should be *guarded in such cases* and our attention should not relax until the intercommunication is fairly re-established.

The inflammatory symptoms are sufficiently aggravated to invite some abstraction of blood by leeches. I shall have four of them applied to the root of the nose and as many above the sinus on the forehead. I shall employ a well-acting atomizer and spray the left side of the nasal cavity with a 10 per cent. solution of cocaine to allay the excessive pain. Next, I shall keep up a continuous cloud of steam and shall direct it upon the seat of the trouble. And in fine I shall administer a gentle purgative for two objects: to relieve the existing constipation; and to derive upon the alimentary canal. The patient has been materially relieved by the suggested treatment and, for the first time in several wakeful nights, has slept several hours.

Until this morning no secretion has escaped from the seat of the lesion. But we find in the handkerchief a small lump of thick and tough pus, obviously rendered so by mucine. The pain is still very intense, extending over the left side of the head backwards and downwards. The irritability of the pulse is in keeping with the local disturbance.

For several days the improvement has been steadily advancing. There is still, however, pain and swelling.

The local applications are doing good service. All the symptoms are diminishing and convalescence may be safely counted on.

**CLUBFOOT IN A CHILD WITH DEFECTIVE DEVELOPMENT OF SKELETON.**—You certainly remember the singular case of a nine months' old baby which was exhibited to the class but two days ago. The child was puny, pale, withered and obviously of light weight. Moreover, the child was cross-eyed and looked the very picture of imbecility. We had it undressed, and found but cylindrical shapes of the limbs without a trace of the natural contours. The bones were quite soft and could be easily bent; and the large fontanelle of the cranium was of double size and extended to the occipital bone. It was of the width of an inch and a half. And yet the child had been born at full term and exclusively nursed by a comparatively young mother who presented all the attributes of vigorous health and constitution. She is the mother of several robust children, all nursed and raised on her breast with abundant milk. Evidently her milk had become impoverished in this case in its calcareous constituents. As a matter of course, we deferred the treatment of the clubfoot and centered our attention upon the proper nutrition of the infant. A young wet-nurse would have been preferable, and might have done miracles, as I have seen once before in London, in an almost mummified child of seven years, which was brought back to life and health by a superb wet-nurse. Unfortunately, the party was not able to bear the expense of so rational a diet. Hence, we had to content ourselves by substituting a good quality of cow-milk and all other needful substances to the nourishment. You all have ample opportunity of observing the impending changes and improvements of the baby. At present, the contrast between mother and child is extreme and can not fail to interest you.

**A LARGE HYGROMA.**—I am in doubt whether I have chosen the proper term. In point of fact, the hygroma is a *cyst distended by serous fluid*, but in this case, the cyst is furnished by the subcrural bursa of the thigh. We owe this rare case to the kindness of a professional friend (Dr. Fyke, of Illinois), who is one of the talented alumni of our college, and for

which we feel ourselves under grateful obligation. It is the third case of this kind that I have seen during many years of a surgical practice chiefly devoted to the organs and structures concerned in locomotion, so that these cases must be scarce indeed.

It is almost indifferent how he acquired it and will cut no figure in the treatment.

You can distinctly see that the cyst has its seat below the quadriceps extensor muscle and bulges out on both sides. The internal recess is decidedly large, but you can press the liquid toward any side, especially downwards because it does not communicate with the knee-joint. In childhood, such an anatomical connection exists, but it obliterates in advancing age. The patient is fifty years old and does not exactly know how and when the trouble began, so insidious was its commencement. That it did not originate in inflammation must be inferred from the *painless beginning, the softness and pliability of the cystic walls*, and from the negative fact that the knee-joint has remained absolutely intact.

The treatment is very simple: by aspiration and subsequent pressure. If this fails I should again aspirate and then inject the cavity with a 15 per cent. mixture of tincture of iodine and glycerin. If that should prove unsuccessful I would split or extsect the entire cyst. But we shall not deprive our young friend of the opportunity of establishing for himself a surgical reputation and, therefore, refer the case back to him with our advice.

1214 Olive street.

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#### Correspondence.

#### SHALL THE PHYSICIAN DISPENSE THE PRESCRIPTION HE WRITES?

The interesting article by Dr. D. M. B., published in the February issue of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL will certainly receive the endorsement of the physicians throughout the country and should be approved by every liberal minded physician in the city. It is laughable that Mr. Sennewald and his brother druggists will admit that a doctor is qualified to prescribe and dispense for his own patients, but if a similar prescription from another

M. D. was given him he would be totally unfit to fill it. Mr. Sennewald's estimate of the medical profession is seemingly, not very high—perhaps it is about the same as that of a druggist, who a few days ago said: "There is not one physician out of twenty that knows enough to make a Seidlitz powder." Oh! the druggist is such an honorable gentleman, so intelligent and so far ahead of the physician, who prescribes for the sick baby, whose poor mother has only one dollar, and instead of taking her money says: "Take these prescriptions to the drug store, and pay for the medicine, and call again in a few days and let me see the baby." The next time she comes and we prescribe for her child again. The mother tells us that the former prescriptions cost her sixty-five cents and asks if these will be filled for thirty-five cents. Oh! no, Mr. Druggist can not put up six small powders and two ounces of lime water with two drops of carbolic acid for less than fifty cents, so the ignorant physician who does not know enough to make a Seidlitz powder "gives the woman enough money to pay for the medicine." Reader, please pardon the digression—let us return to the subject, *i. e.*, Shall the physician dispense the prescription he writes? There are many reasons I think why this query should be answered in the affirmative (so far as office practice is concerned). I shall only try to review two or three of the reasons. In the first place, our prescriptions are often abused by being refilled, and secondly by copies being given. I have known a prescription for gonorrhœa to have been used by seven different persons, each of whom had a copy of the original. Who was benefited financially by the first prescription? Certainly it was not the doctor who wrote it; he received *two dollars on account*, while the drnggist refilled five times for each party and he received a dollar and twenty-five cents for each refilling, or a total of \$43.75, leaving a balance of \$41.75 in the druggist's favor. In regard to the physician being qualified to dispense prescriptions I will say very little. There are very few medical colleges to-day, but teach chemistry, *materia medica* and the fundamental principles of pharmacy; so why should they not have the necessary qualifications? Although the majority of the medical profession have not attended a college of pharmacy, yet I think we can find very few who would not know more than to put tincture gentian and tincture of the chloride

of iron together and add some simple syrup and call it an "elixir of gentian and iron," or if a prescription called for lanoline, one ounce, and quinia, a half drachm, would put rancid lard instead of the first ingredient. Other instances could be given where graduates of a college of pharmacy have been guilty of such ignorance. There is one question I want to ask, and then I am through. Are not the majority of physicians equally as well qualified to go into the drug business and fill prescriptions, as the druggist is to prescribe for every ailment and ache from the colic to extra-uterine pregnancy?

E. McD. BRIDGford, M. D.

1751 N. Eleventh street, St. Louis.

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Medical College Commencements and addresses to graduating classes are filling up our exchanges at present. Here and there we notice a reproduction of the address of a class valedictorian and we gladly turn to our foreign contemporaries. We keep on grinding out medicine.

Another Treatment for Tuberculosis.—*La Medicine Moderne* gives the following as emanating from a physician: Put in a litre of river water two handfuls of rue, as fresh as can be gotten, and boil them down to one-half. Strain through a cloth and express as much as possible so as to obtain all the juice of the herb. Place thirty-two grammes of powdered aloes in this solution; stir well and place over the fire. Let it boil, meanwhile stirring it so that it will mix well. Pour this liquid in a vessel and let a piece of flannel soak in it for three or four hours. The flannel must be of a size so that when folded fourfold it will cover the entire chest; the flannel must not be spread out but permitted to dry lying flat and in the shade in such a manner that the liquid will not drain off. When it is well dried it is placed next the skin over the chest folded in four thicknesses: it must never be washed, nor dried before the fire or in the sun; it is to be worn until worn out. Two such flannels should be kept on hand so that a change may be made when necessary on account of the sweat. Women should take off this flannel during menstruation and replace it with ordinary flannel. Evidently the "Indian Cure" has penetrated into France.

## Editorial Department.

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### THE FREE DISPENSARY.

The various medical college commencements which have taken place last month have suggested a topic concerning which much has been said of late. As is but too apparent, an enormous number of young men are yearly turned out armed with a diploma for each one empowering him to pursue the practice of medicine unmolested. Then it is that the struggle for life begins and nowhere is this struggle more arduous than in the large cities. In these localities the profession is overcrowded to such an extent that all sorts of subterfuges must be resorted to in order to make both ends meet; and this by those who have established (?) themselves and who have pursued the practice of their profession for years. Besides this there is a sort of oligarchy composed of the few who absorb that portion of practice which is the most lucrative as well as pleasant.

Is it surprising that the young graduate is appalled when he realizes this condition of affairs? What is he to do in order to contend successfully against such odds? It is not long since that some bright mind solved the problem seemingly satisfactorily to a great many as the numerous imitators which sprung up testify. The plan is to have two rooms in a populous district whose inhabitants are not overburdened with this world's goods, but who still have a few cents. A sign bearing the legend "Free Dispensary," is placed over the door. Inside are to be found some furniture, a few instruments, a

number of bottles full of some sort of medicine and smaller bottles to dispense them in to patients. These latter do not pay anything for the advice given them, but only for the medicine and are thus saved from a double extortion (?). The patrons of these places are numerous, their proprietors are busy and make a certain amount of money, everybody apparently being satisfied with the exception of those doctors who work for minimum prices.

In our city these free dispensaries have been growing of late in such numbers that a lively competition has arisen; and, in order to make business livelier it has been found necessary to boom it. This is done by distributing cards in street cars, in the water closets attached to saloons, and in other ways which are more ingenious than commendable. However, no one is harmed by this except those engaged in the same particular line of business and as they are shrewd enough to meet every move of a rival by one equally as good or better, there is no cause of complaint.

The only ones liable to suffer from this are the clinics of medical colleges and of this there is but little danger. The people know that the attention which they receive at the clinics is superior to that obtainable at free dispensaries, and on that account will continue to attend them more especially as they receive medical services free.

How long the free dispensary will last, it is not easy to foretell. That it will be short lived there is much reason to believe. It is, in a sort of a way, a debauch and like all debauches, it will not be of a very prolonged character. The remedy for the evil, if it be one, will come from the people. If it does not then it is a sign that it has filled a long-felt want and, after a time, the same struggle for existence will begin as existed before the foundation of the free dispensary. There will be so many that the patronage of the majority will be a limited one in each case and it will be a few only who will reap the golden harvest.

One disadvantage of this system is that it is very apt to lead into the worst forms of quackery entailing a loss of self-respect and honesty, a perversion of normal conditions which is indeed deplorable. Nevertheless, no efforts will cause the discontinuance of the method and the solution of the problem must be left to work itself out. In the meantime, it places

every one on the defensive and there can be heard low mutterings of *cave canem*.

#### EDITORIAL NOTES.

THE MEDICAL STUDENT is becoming too numerous, according to the *Southern Medical Record*, which goes on to say that to anyone who is not cognizant of the facts in the case, the attitude of many medical schools towards aspirants to a position in the ranks of the profession, is, to say the least, surprising; and to one who is disposed to regard the profession as a high calling, very humiliating. The multiplicity of medical colleges, and the intense desire to have as large a number of matriculants as possible, has to a large extent entirely run away with the ideas of many who are managing these institutions, and as a result, we find many colleges, whose age and former position would lead us to hope that they might do better, bidding and buying in the market in a manner that would do justice to a very sharp trader in the marts of business. It has long since been proven that the reforming of these practices is to a large extent beyond hope, but we would respectfully call attention to some of the facts in the case, in the hope that there may be some good done by touching those who have to a certain extent the guidance of the young men who are entering upon the study of medicine, viz : the medical men who act as preceptors for them.

THE MEDICAL PRECEPTOR is a curious survival of an ancient practice. There was a time when it was almost impossible to obtain a medical education in this country unless at great labor and expense. The result of this condition was that the aspirant to medical practice was taught by the local physician and, in due course of time, he notified everybody that he was practicing medicine. Later on came the medical college in its multiplicity and conditions were somewhat changed. A growing ambition to append M. D. to their names seized many, and they attended schools which conferred the degree. But, they first studied (?) under a preceptor. If we consider what this term of study implies it immediately becomes apparent that it is so much time wasted. The principal duties of a student, who is under a preceptor, are to clean the cuspidores, sweep out the office, and act as a page or bell-boy. Whenever he can snatch a few moments he reads a page in one of the

old books lying around and thus does he equip himself to enter a medical college. A conscientious preceptor can not very well spare the time to instruct his student and the best course for the latter to adopt is to spend the time profitably in a medical college.

THE WAYS OF ADVERTISING are numerous and a recent exploit in this line causes the *Western Medical Reporter* to exclaim: It is but a few short weeks since the public was regaled with an elaborate account of a novel and wonderful operation of skin grafting performed by a well known surgeon of Chicago. Several hundred gallant Knights Templar sacrificed as many inches of sacred cuticle to enable the surgeon to save their brother's life. In view of the fact that the patient died a few days later one might naturally ask *cui bono?* What was the object of the operation? Was it to save a life threatened with immediate destruction? If so, how long since skin grafting has been a savior in such critical emergencies? Could it be possible that the surgeon could not estimate his patient's condition with sufficient accuracy to know that skin grafting was a poor substitute for a clergyman? Or was it a glorious opportunity for the sounding brass, well grasped? The profession fain would know how the right hand discovered what the left hand was doing. How did the reporter get in? The Knights deny all desire to herald their chivalric exploit. Will some one explain? Alas, that a Moses should arise in Germany to lead our profession from a dignified obscurity into the realm of mountebanks and imps of outer darkness. Alas! for the dignity and seclusiveness that our fathers in medicine preserved aforetime. Alas! for the chronicle of the medical author of the future as he stands in the effulgent rays of the medical luminaries of the year 2000 and barks back at the ethical regulars of the last decade of the nineteenth century. And woe to him who giveth up his shekels and maravedis at the newspaper offices for legitimate advertisements. Thou art a fool, my erring brother; there is a fairer, more ethical, strictly regular and vastly more economical road to fame.

All honor to the gallant Knights Templar for their sacrifice in behalf of a stricken brother, but let us hope that they were not innocent abettors of what appears at this writing to have

been the most stupendous piece of advertising quackery of the century. Should it prove to have been indeed a mercantile affair we are certain that the Knights were deceived for they expressly stipulated that the matter was not to be made public in the form of a newspaper report. But Chicago has made a noise and Germany had best look out for her laurels.

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### Microscopy.

**The American Society of Microscopists.**—The annual meeting of the American Society of Microscopists will take place in Washington, D. C., August 10, just one week prior to the meeting of the American Association for the Advancement of Science. The Committee of Arrangements will in due time issue a circular giving further explanations as to rates, hotels, etc. In the mean time we sincerely hope that as many as possible of our readers who take an interest in microscopy will make arrangements to attend the meeting and will go prepared to take part therein. The number of learned and scientific societies that have their headquarters at Washington, and the very large number of scientific men employed in the various government departments makes a full and interesting meeting almost a certainty. The occasion will also furnish those who go an opportunity of seeing the museums, libraries and collections of the national capital under the most favorable circumstances.

**Examination of Spots on Linen for Spermatozoids.**—Water, which is the fluid ordinarily employed in softening up old spots of suspected seminal origin does not do as well as dilute alcohol, or alcohol of about 33° (two parts of distilled water and one part of alcohol). If the fabric containing the spots may be cut (usually, however, in medico-legal examinations one side or the other objects to the alteration or mutilation of anything offered in evidence) the spotted part should be removed, and if large cut with scissors into small fragments and these thrown into a watch-glass and covered with the diluted alcohol. Let them macerate for at least an hour before touching them; then, with a pair of delicate forceps remove one of the scraps to a coverglass and tease out with needles, adding a drop or two of fresh alcohol if necessary.

Add a drop of carmine (any solution will answer) and let stand for a few moments and draw off by deftly applying a bit of blotting paper to the surface. Add a drop of glycerine and examine at once. The carmine stains the head of the spermatozoid quite deeply, while acting comparatively feebly on the vegetable filaments. Another fragment may be teased out on a cover glass under a half of one per cent solution of eosin in glycerine and examined at once. The latter method is preferred by me on account of its simplicity and the excellent results that it has yielded in my hands.

When we are not permitted to cut out a fragment of the fabric the process is somewhat different. The portion surrounding the spot is pinched together and placed in a conical vessel or graduate and covered with alcohol diluted as above. If you are able to distinguish upon which side of the fabric the spot was originally deposited, let it remain outward. After macerating for an hour or an hour and a quarter remove the cloth and stretch the part containing the spot directly over a watch-glass. With a small wash bottle force a tiny stream of alcohol of 80° to 90° through the fabric directly on the spot, passing the jet through until the watch-glass is nearly full. Then with a stiff brush, still holding the material stretched over the glass, rub the back of the spot quite sharply. This will disengage spermatozoids (if any be present) from the interstices of the fabric and allow them to drop into the alcohol. Remove the cloth and cover the watch-glass with a bell jar and let the alcohol evaporate spontaneously until but a few drops are left. Add the glycerine solution of eosin and in a few minutes transfer a drop of the liquid to a slip and examine.

**Never Use a Strop on a Section Knife.**—A correspondent, after stating that he has a good razor hone and an "extension" strop such as is used by the best barbers, complains that he can not keep an edge on his section knives, and asks the reason, and, if remediable, the remedy. The reason for the rapid dulling of the knife is probably its too frequent and, most likely, unskillful application to the strop. It is possible, of course, that the metal of which the knife is made is to blame, but it is a fact, in which every one who has made a study of the subject will concur, that the strop, as ordinarily used, tends to dull rather than to sharpen. This is espe-

cially true in the case of hollow-ground and very thin blades, such as microtome knives and razors. If the hone used is a good one, free from grit, and the blade has been properly applied to the same, the edge acquired by honing will be a perfect one for cutting. No strop however good can improve it. This is always presupposing that the blade is of good steel, properly tempered. When this is not the case no amount of honing or stropping will make a perfect edge, or one that will retain its sharpness. Sometimes a blade is of good steel, but slightly under or overtempered. When such is the case a wire-edge will form no matter how fine the hone may be, or how skillfully it is used. This is due in the first instance to a softness which causes an exceedingly tenuous line of metal to cohere to the body of the blade and to bend away from the surface of the hone instead of being cut off by it. In the second case, the thin edge of the metal has to a certain extent lost its cohesive property, which loss causes it to crumble away as soon as a certain thinness is attained, thus leaving a saw-like edge. If these defects in the steel be but slight a strop carefully and skillfully used, is of service. In all cases the strop should be a rigid one. The best is a piece of French calf skin smoothly laid upon a perfectly true surface and cemented thereto. The knife should be passed over it so lightly and delicately that no impression is made upon the surface of the leather. If any pressure is exerted the result will be that the leather, owing to its elasticity, will rise up as the blade passes and scrape off the delicate edge upon which the value of the instrument depends. This is



Fig. 3.

shown in the accompanying diagram, where A is the blade, moving in the direction of the arrow, and S is the surface of the strop.

F. L. J.

**A Diploma Thief.**—Dr. John H. Rauch, secretary of the Illinois State Board of Health, has been assisting in the prosecution of one Philip Samuels, of Calhoun County, who had assumed the name of, and who was practicing medicine under the diploma of Dr. C. Rhoning, who died at Lincoln, Mo., in 1887. Samuels was bound over to await the action of the grandjury. The evidence against him is conclusive of his guilt.

### Dermatology and Genito-Urinary Diseases.

**Moniliform Lymphangitis in Syphilis.**—M. Barthilemy presented to the Société Francaise de Dermatologie et Syphiliographie a patient who exhibited a syphilitic chancre of the prepuce dating back twelve days. It was a small, smooth erosion, surrounded by a large induration. From this there led a moniliform induration which gave very clearly the impression of a lymphangitis (specific inflammation of a lymphatic vessel) with the inequalities of calibre due to the valves, becoming smaller as it became more distant from the central focus, and finally feeling like an ordinary violin string laid along the penis. In addition, a characteristic adenopathy existed in the left groin.

**Resorcin Plaster Mull in Rodent Ulcer.**—It is well known rodent ulcer is a variety of ephithelioma which has a tendency to spread superficially involving, as a rule, the lateral portions of the face and occurring generally upon one side only. Dr. Cæsar Boeck states (*Monatshefte fuer Praktische Dermatologie*) that he has used the resorcin plaster mulls of Unna in this affection very successfully. He cites two cases in support of his assertion. In one the disease was situated upon the right cheek, about one and one-half inches square, having existed ten years. The plaster was changed daily. In two months it had all healed with the exception of a minute point. The other case was in a man of eighty-two in whom the trouble had existed six months. The lesion was small and in a month and a half, after the application of the plaster, was well. The author states that those are his two latest cases, but that he has observed the same in a number of previous instances. A question which suggests itself is as to whether these were not possibly cases of psorospermose folliculaire végétante of Darier.

**The Direct Contagion or Infection of Leprosy.**—The question of the contagiousness of leprosy is one which is still exciting attention and the partisans ranged on each side of the question are numerous. The arguments brought

forward are strong on both sides but they are not convincing. The attempts at inoculations have not been very successful, even the case of Keanu, inoculated by Arning, having acquired a certain amount of doubtfulness on account of the Sandwich Islander's pedigree. Dr. Ed. Arning in a paper in which he considers heredity or contagion of leprosy as a means of disseminating the disease (*Archiv. fuer Dermatologie und Syphilis*) concludes that this question will be solved definitely and positively when bacteriology will have arrived at that point when it will be possible to distinguish between living and dead lepra-bacilli. It will then be possible to ascertain the methods of infection; whether it is through contagion of a direct nature, or infection, that the disease is acquired, and if it is through the earth, water or nourishment that it is carried into direct contact with the human organism.

**Treatment of Acne by Relief of Genital Irritation.**—As is well known acne vulgaris and its congener acne rosacea are among the most common as well as stubborn diseases of the skin. Some few years ago Dr. Sherwell proposed passing the cold sound in males and found good results to follow this adjuvant. All irritations of the genital organs have been found to aggravate these troubles, and, in view of this fact, Dr. J. M. Winfield proposes (*Journal of Cutaneous and Genito-Urinary Diseases*) to aid ordinary treatment by attending to this peculiar condition wherever it exists. His experience appears to have been uniformly good and to have accelerated a return to a normal condition. In males he passes the cold steel bougie, as a rule; and, in females, hot vaginal douches. In some cases the internal administration of ergot is added, together with the local treatment of such condition as may require it, such as dilatation in obstructive dysmenorrhœa, etc. General tonic treatment should not be forgotten in those cases which require it. When the pustulation is due to external infection local measures will generally arrest the suppurative process.

**Internal Use of Idol.**—It is a well known fact that iodine and the iodides when administered internally are irritating, producing gastric disorders and, not infrequently, disagreeable eruptions. Cervesato proposes (*Journal des Maladies Cutanées et Syphilitiques*) to substitute idol for these

agents. He claims that the therapeutic effects of iodol are the same, but it has the further advantage of not producing, in doses of fifteen to thirty grains, any gastric disturbances. On the contrary, the appetite is increased on account of acceleration of the assimilation. In intestinal troubles, it may even act as an antiseptic by liberating iodine in the intestines. No phenomena of iodism are ever observed. Elimination is effected by the kidneys, the urine containing iodine; urea is increased in amount as also the quantity of urine. The ordinary dose to be given is fifteen grains daily in solution. A question which the author has not considered is as to the effects of large quantities of this remedy. Will they act upon tertiary syphilides as well as the iodides; and will the system tolerate these large quantities? There are numerous methods of producing tolerance of the iodides and unless iodol fulfills these last conditions satisfactorily it will not become a succedaneum of the iodides.

**Regulation of Leprosy.**—Dr. Zambaco Pasha has devoted much time to leprosy travelling in all the Oriental countries where it is to be found. He promises to issue, in the near future, a large work of leprosy; but, in the meantime he has published an account of his travels. Being asked to formulate rules in regard to lepers, Zambaco gave the following to the prince of Samos: 1°. Institute a lazarus-house at a certain distance from the habitations, according to hygienic rules, and removed from the regions where the disease is endemic. 2°. Place all the lepers in this asylum, no matter what stage they are in, which a medical commission, able to diagnose leprosy from its very inception, will designate by certificates. 3°. Interdict marriage to all lepers and even to those suspected of having the disease until an inspecting physician authorizes. 4. Proscribe from the food of lepers salt meats, dried fish, oil, pork, and render obligatory one bath per week at least. 5°. Cause lepers to be treated; for experience proves that there are some who get cured and the majority improve under good hygiene and medical care that is intelligently exercised. 6°. Isolate all the children of lepers and keep them under observation until they become adults, which is ordinarily the extreme limit of time for the manifestation of hereditary leprosy. 7°. Cause to be written and distribute to the people a pamphlet in which will be formulated hygienic advice in regard to cleanli-

ness and food, whose neglect appears to have favoured the development of leprosy, in the countries in which it is endemic. While Dr. Zambaco does not believe that leprosy is contagious, he feels convinced that it is hereditary.

O.D.

### Diseases of the Eye and Ear.

**Piece of Gun-cap in Vitreous.—Must the Eye be Removed?**—Six years ago a young man, while handling a gun, had occasion to explode an ordinary gun-cap. Something struck hard upon his left eye, causing it to bleed a few drops externally and blood soon filled the anterior chamber, resulting in complete loss of vision within a few hours after the accident. A large piece of the cap struck upon the upper sclero-corneal junction, cut through and lodged in the ciliary body, just beneath the point of entrance. The eye and surrounding parts, particularly the front part of head, were quite painful for five or six months, when all pain ceased and practically no pain has been felt since. The past twelve months patient has complained of considerable pain in and around the right (good) eye "particularly deep behind the ball and over the eye." The vision, he thinks, has not been as good lately as formerly. Soon after the injury patient contracted, in some way, granulated lids in both eyes and all the lids are still somewhat granulated, those of the good eye (right) more so than the others. On account of the granulations both eyes have at times been more or less inflamed. This morning I saw the patient for the first time.

*Status praesens:* Both balls are free from redness and seem to be free from irritation. All the lids are somewhat granulated; those of the right (good) eye more so than those of the left (blind) eye. Patient complains of pain in and about the good eye, particularly behind the ball and in the head, and thinks he does not see as well as formerly. How much of the defective vision is due to the mucus and pus, that collect in the eye from the granulated lids and spread over the cornea, thus interfering with the vision, it is difficult to determine. Or is it possible that the defective vision is due to some obscure sympathetic trouble? This is a possibility. There are no visible changes in the interior of the eye that can account for the imperfect vision. The injured eye is, as

stated, free from redness, and it does not seem to be even irritable and has not been painful for more than five years. The ball has shrunken and flattened where the tendons press upon it, and is quite soft. The iris is discolored and the pupil is drawn far to the upper edge of the cornea, where the pieces of cap cut through, and is very small, inactive and not dilatable with mydriatics. The lens is opaque, proving that the foreign body had cut into it. There is not the slightest doubt but that the piece of gun-cap is lodged somewhere in the interior of the ball. Now the grave question presents itself: Must the eye be removed? It is a very singular fact, considering its shrunken soft condition, proving that great changes have taken place in its interior, that the eye has been absolutely free from pain for more than five years. Should it be removed? In answering this question I reasoned in this way: In spite of the fact that the eye is not and has not been painful for a long time, there are some evidences of sympathetic trouble in the other eye, such as pain in and about the eye and in the head and defective vision, sufficiently well-marked to be serious. As long as the eye remains there is, and will be, danger. There is absolute safety in its removal. I therefore advised the patient to be on the safe side and have it removed. He promptly consented and I enucleated the ball this afternoon. It had shrunken to about half its normal size.

**Sectio Bulbi—Extensive Ossification.**—The ball was quite soft and much reduced in size. In pressing upon the ball with the fingers, hard places could be felt through the sclerotic. When the ball was opened a large hard mass was discovered, where the ciliary body ought to be, just beneath the upper sclero-corneal junction, where the piece of cap had cut through primarily. It required considerable force to dislodge this mass from the surrounding attachments. When stripped of immense masses of pigment and lymph, an unusually large piece of the cap, bent at nearly right angles, was found in the center of the mass, closely surrounded by nearly a complete ring of what I take to be bone tissue, in the form of a thin plate, very hard and dense and of grayish color. The lens was opaque with a brownish discoloration. The retina was bunched in the form of a string, running from the lens to the optic disc. The interior of the eye was filled up

with a greenish watery fluid. Close around the optic disc a thin plate, or crust, of bone had formed, not in the choroid, but lying against its internal surface. It was very hard and had a grayish color.

How the presence of the foreign body had or could cause such extensive ossific deposit in the interior of the ball is more than I know. This is the first case of the kind I ever saw. Pieces of gun-cap often penetrate the ball and lodge in the vitreous chamber, but I never knew ossification to follow the accident before. It is certainly extremely rare. The literature gives accounts of ossific deposits in the choroid of old shrunken stumps, but never, I believe, as the result of any kind of foreign body in the vitreous chamber.

It is certainly very strange that such an eye should remain perfectly free from pain for more than five years.

The propriety of the enucleation is established beyond doubt by the condition found in the interior of the ball, aside from the presence of the large piece of cap. It was the proper thing to do. I hesitated somewhat to advise the enucleation because of the entire absence of pain for so long a time.

**Prevention of Infantile Blindness.**—Statistics, compiled by numerous and reliable writers, prove beyond doubt that about thirty-three per cent. of all the blind people in the civilized world become blind as the direct results of the terrible ravages of acute infectious conjunctival diseases in early infancy. The particular disease mostly concerned in bringing about such sad results is known as *ophthalmia neonatorum*. This disease is the result, as is well known, of infection during or immediately after birth. This infection can be very largely prevented by proper management, and all cases can be cured, if properly treated at the proper time. The preventable or curable thirty-three per cent. of all the blind people of the world is a sad commentary, first, on the want of ability of the medical profession, and secondly, on the want of proper care of the guardians of public health. In view of the terribly destructive nature of *ophthalmia neonatorum*, its prevention becomes a very important matter. This may be accomplished in three ways :

1°. The vagina of the mother, who has gonorrhœa, or any purulent or muco-purulent secretion, should be treated before the time of actual labor approaches very closely. Then all

*vaginæ* should be washed out well, and thoroughly disinfected just as labor sets in.

2°. The child should be well cared for immediately after its delivery. The eyes and adjacent parts should be first wiped off gently with a soft *dry* rag ; then they should be wiped off with a *moist* rag, but not wet enough to cause the water to flow over or around the eyes. I venture the assertion that oftentimes the effort to protect the eyes is the means of infecting them. The poison, or infectious material, sticks to the skin. If water is applied over the eyes freely, it liquefies the material, so to speak, and makes it more certain to run into the eyes ; at least makes it more liable to get into them. For this reason, I emphasize the using of a *dry rag first*, and then a moist one. All this, of course, should be done immediately after birth, and before the child opens its eyes.

3°. Disinfecting the eyes by direct application of disinfecting solutions to them. Not to mention all the disinfectants that have been used and recommended I will only say that after patient and laborious experimentation by different writers the general conclusion is that a two per cent. solution of carbolic acid (Alfred Græfe) and a two per cent. solution of nitrate of silver (Credé) which would be ten grains in an ounce of water, are the very best disinfectants to be used in the eyes of infants. Of these two solutions the latter has proven to be the most effectual and consequently the better. The use of the nitrate of silver is known as *Credé's Method* and has been more generally adopted by the profession. This method is to first wash and dry the eyes and then let one drop of the solution fall directly upon the cornea and then let the eye alone. While ten grains of nitrate of silver to an ounce of water is a pretty strong solution to drop into the eyes under any circumstances, Credé claims that practically no reaction of any moment follows its use. Credé recommends the use of this solution in the eyes of all infants. I think this is too sweeping a recommendation. There is no occasion for its use in children whose mothers have no infectious secretions from the vagina. I would therefore limit its use to children whose mothers are known to have, or have had, infectious diseases before their confinements. Statistics show that in lying-in institutions the use of Credé's method has reduced the number of infectious diseases in infants' eyes from over ten per cent. to less than

one-half of one per cent! This is a remarkable showing and it is at once a very strong recommendation of the method. Its merits are certainly well established. Upon the medical profession rests the grave responsibility of not preventing the blindness of thirty-three per cent of all the blindness in the world.

A. D. WILLIAMS, M. D.

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### Excerpts from Russian and Polish Literature.

**Chloroform Narcosis and Albuminuria.**—In a preliminary note in the *Vratch*, No. 4, 1891, page 100, Dr. Iakov S. Sokoloff, of St. Petersburg, says that he has carried out a course of investigations in order to elucidate the influence of chloroform anaesthesia on the appearance of albumen in the urine. He conducted the observations (in Prof. V. A. Ratimoff's and M. I. Subbotin's clinics) on forty-two male patients, who were to undergo this or that surgical operation under chloroform. Of the number, three had albuminuria before the narcosis, while in the remaining thirty-nine patients, the urine had been previously normal. The author found that in the latter category, the inhalations were followed by the appearance of albuminuria, lasting for from one to fourteen days after the operation, while in the three cases of a pre-existing albuminuria, the proportion of albumen in the urine distinctly increased to subsequently sink down to a former average level.

**Pilocarpine in Puerperal Eclampsia.**—Dr. M. A. Strizover, of Odessa, states (*Meditzinskoë Obozrenie*, No. 1, 1891, page 26) that he treated his last ten cases of puerperal eclampsia by the sub-cutaneous injection of hydrochlorate of pilocarpine, every one of the patients making a rapid recovery. The drug was always used in the form of a solution of one grain to one drachm of water, of which a (Pravaz) syringeful was injected at a time, the dose being repeated at intervals of twenty minutes or so (according to the necessities of the case given). The author lays down the following propositions: 1°. Hydrochlorate of pilocarpine affords a sure remedy for eclampsia. 2°. Cardiac weakness does not constitute any contraindication for the injections. 3°. An abnormal condition (contraction) of the pupil points out that the morbid process has not yet subsided, and that further convulsive fits may be expected.

**The Red Rose in Chronic Diarrhœas.**—About three years ago Drs. M. G. Sokoloff and B. M. Vchiglovsky, of Omsk, Siberia (*Vide the ST. LOUIS MEDICAL AND SURGICAL JOURNAL*, November, 1888, p. 293), drew attention to a Russian popular treatment of diarrhœas consisting in the internal use of an aqueous infusion of the rose-briar's root (*radix rosæ caminæ*). At present, Dr. Alexei V. Alexeëvsky, of Tambov, (*Bolnitchnaia Gazeta Botkina*), Nos. 50, 51 and 52, 1890, p. 121) recommends another remedy for diarrhœas which is similarly borrowed from Russian peasant medicine. The remedy is the red rose petal (*flores rosæ rubræ vel Gallicæ*) which should be employed in the shape of an aqueous infusion, easily prepared in the following way: A large pinchful of dried flowers should be taken to each tumblerful of hot water, and the vessel carefully covered and placed in some warm place to stand for two hours. An adult should be given a tumblerful, twice or thrice daily; a child under five, from a cupful to a tumblerful a day, the dose being divided into a few equal portions. The remedy proves successful even in most refractory and inveterate cases, the beneficial results being accounted for by the petals containing tannin and essential oil, which possesses powerful antifermentative and antiseptic properties.

**Case of Benzine Poisoning.**—Dr. Kasimir Chelchowski, of Warsaw, relates (*Gazeta Lekarska*, No. 7, 1891, page 133) an instructive instance of poisoning by benzine. About six P. M., a boy four years old, having managed to reach a benzine bottle, gulped down a mouthful of its contents. A few moments later he was seen to throw away the vessel, violently stamping with his feet, crying, spitting, coughing and thrusting his fingers into the mouth. Shortly afterwards there supervened prostration and cyanosis. When seen by the author, about an hour later, the child was lying seemingly paralyzed and unconscious, the whole body being quite blue, the lips almost black, the pupils narrowed, the respiration shallow and quickened (72 per minute), the pulse filiform. A full dose of ipecacuanha wine caused repeated vomiting, the ejected matter emanating a strong characteristic odor of benzine. Under the influence of various analeptics (including black coffee infusion, wine, etc.) the boy gradually rallied, while during the night he passed some urine of a quite black color ("which was attributed by the

parents to the administration of the black coffee"). For about five days, the patient was complaining of abdominal pains and painful swallowing, the latter being caused by an erosion situated on the soft palate near the left tonsil. During the same period the urine continued to contain albumen (0.1 per cent.) numerous red blood corpuscles, and very thick hæmic and fibrinous casts, while there were still present some cyanosis, acceleration of the pulse (108 per minute) and of the respiration (40 per minute), cough, and gastric irritation (vomiting, etc.). From the second day after the poisoning, the treatment consisted in the internal administration of sulphate of sodium (in the form of a solution, made of a teaspoonful of the salt to a tumberful of water, and given a tablespoonful hourly). Over a week elapsed before the patient could be pronounced "quite well." Dr. Chelchowski dwells chiefly upon the following points: 1°. Notwithstanding an extensive and manifold use of benzine, cases of poisoning occur exceedingly rarely. In fact the author has been able to collect but five similar cases (Perrin's, Hoffman's, Sury Bient's and Hewelke's two cases). 2°. The best antidotal treatment consists in the internal use of sulphates.

**Poisoning by the Ricinus Seeds.**—At a recent meeting of the St. Petersburg Naval Medical Society, Dr. Iakov I. Bilibin (*Meditzinskia Pribavlenia K' Morskому Sborniku*, January, 1891, p. 65), reported the following interesting case: Eight dockers, while busy about the dock-yards, picked up and ate some "nuts" which had been scattered over the ground during the unloading of a foreign vessel. In each case the meal was rapidly followed by vomiting and purging. In seven men the symptoms gradually subsided without any treatment, but in the eighth, a man of twenty-six, both the vomiting and diarrhoea grew more violent and more frequent so as to ultimately become almost incessant, while the discharge assumed a blood-stained character, and there supervened convulsive seizures. When admitted to the local naval hospital, on the next morning, the patient was unconscious, groaning and tossing about, his pulse being imperceptible, the cardiac sound extremely faint, the breathing difficult, loud and quickened (sixty per minute), the body cold (35.4°C.), the pupils contracted and almost intensitive, the skin and visible mucous

membranes cyanotic. There were further present occasional spasmodic twitchings in the lower limbs, and retchings. In short, "the patient seemed to suffer from Asiatic cholera in the algid stage." Energetic analeptic measures being adopted (cold packs, hot bottles to the lower extremities, subcutaneous injections of ether, valerian tincture and wine, etc.), the man ultimately (in several hours) recovered his consciousness. Under the influence of stimulants, gastro-intestinal sedatives and appropriate diet, vomiting and diarrhoea gradually ceased, his general rate improved, and in nine weeks or so he was convalescent. The "nuts" proved to be the ricinus beans. The patient gave the assurance, that he and his mates had eaten only the pulps, throwing away the skin. Pointing to the fact, Dr. Bilibin observed that it appears to support some authors' view, according to which the toxic principles of the ricinus are present not only in the seeds' skin, but also in their pulp. During a discussion, following Dr. Bilibin's paper, Dr. Mikhail I. Kvitzinsky related an instance of poisoning by rancid castor oil. A lady administered to her child a spoonful of castor oil, which had been standing in a cupboard for about six months. A violent acute gastro-entritis developed.—An identical case has been also advanced by Dr. Kuznetzoff.

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## Medical Progress.

### THERAPEUTICS.

**Treatment of Balanitis.**—Dr. W. R. Chichester states that he has obtained good results from the employment of the following (*Med. Rec.*) :

B.	Atropiæ sulphatis.....	gr. i
	Zinci sulphatis.....	gr. ij
	Acid. boracic .....	gr. v
	Aquæ destillat.....	3j

M.

Sig. Apply two or three times a day with a brush.

He further states that this is open to any modification which the case suggests.

**Mixture for Dissolving Diphtheritic Membranes.**—Caldwell is stated by the *Medical News*, to recommend the following solution for this purpose :

B Papain.....	3 ijss.
Hydronaphthol .....	grs. ij.
Acid muriatic.....	gtt. xv.
Aq. destillat.....	3 ij.
Glycerini.....	3 ij.

M.

Sig. Apply to the affected parts every half hour by means of an atomizer.

**Pill for Tuberculosis.**—The following is the formula of a pill, recommended by Chauvin, in tuberculosis :

B Iodoformi.....	gr. $\frac{1}{4}$
Pulv. Doveri.....	gr. jss.
Ext. gentian.....	q. s.

M. et. ft. pil. No. 1.

Sig. Take one of these pills thrice daily during meals.

**Copper in Chlorosis.**—Luton has recommended the following formula, from the use of which Dr. Liégeois has obtained excellent effects in chlorosis :

B Neutral acetate of copper.....	gr. $\frac{1}{2}$
Crystallized phosphate of sodium.....	gr. $\frac{1}{2}$
Liquorice powder,	
Glycerin.....	aa q. s.

M. ft. tal. pil. No. 12.

Sig. One pill immediately before the morning and evening meal.

**Cough Mixture.**—The following is said by the *College and Clinical Record* to be Dr. E. G. Janeway's favorite cough mixture :

B Syrup. tolu,	
Syrup. pruni virginian.,	
Tinct. hyoscyami,	
Spirit. ætheris comp.,	
Aquæ.....	aa 3 J.

M.

Sig.: Dose, a teaspoonful.

**Aristol in Dentistry.**—Dr. J. V. Keizlar states (*Austro-Hungarian Dental Quarterly*) that aristol is much better than iodoform in dentistry, because it has no toxic properties, is unirritating, and adheres very readily to loose lying pulps.

He has used it satisfactorily in such cases as gangrenous pulps, as an antiseptic for root canals and carious cavities, before filling, etc. On gangrenous pulps he strews aristol in powder, with a fine brush. For disinfecting root canals and carious cavities, he uses a ten-per-cent. solution of aristol in sulphuric ether, the latter evaporating rapidly, and leaving an even coating of the remedy drying the cavity rapidly at the same time. For fistulous spaces, he uses small rods made of ten parts of cacao butter to one of aristol thus promoting granulation.

**Orexin, the Appetizer**—Authorities differ as to the utility of this agent says the *Medical Age*. Prof. Penzoldt, who originally introduced it, has taken some trouble to account for its failures, and has to confess that the source of failure appears to be due to the method of administration which he originally recommended, viz., in gelatin coated pills. He agrees with Dr. Reichenberg in thinking that the orexin hydrochloride in some way acts upon the gelatin capsule or coating so as to render it insoluble in the stomach. In accordance with these views, he now advises its employment in starch-paper wafers. The remedy seems to have given satisfactory results in the hands of Dr. Glückzegle and others.

**Hypnal**.—Hypnal, or monochloral-antipyrin, consists of equal molecules of chloral and antipyrin, and forms odorless and tasteless crystals soluble in five to six parts of water. It is both an analgesic and a hypnotic. In doses of one to two grammes, it produces a quiet sleep without injurious effects. Bonnet recommends the following formula for its administration :

B. Hypnal.....	10.0 grammes.
Aquæ destillatæ.....	65.0 grammes.
Aq. flor. auranti .....	5.0 grammes.
Alcohol.....	40.0 grammes.
Tinct. aurantii.....	20.0 grammes.
Syrupi.....	60.0 grammes.
Tr. croci .....	11 drops.

M.

Sig. Dose, one to two tablespoonfuls.

**Cocaine in Dentistry**.—Dr. Blersch states in the *Journal fuer Zahnheilkunde* that he has had good results in the use of cocaine in extracting teeth. Our readers will remember that

it is quite some time since we drew attention to this fact. Dr. Blersch states that cocaine injected in solution of quite minimal strength, say 0.2 to 0.4 grain into the gums, is perfectly innocuous. Every tooth cannot be extracted without causing pain, even with the help of cocaine, yet it does so far yield relief that most patients declare the operation to have occasioned very little suffering. To employ cocaine rightly, one must first of all clearly understand its influence as an anæsthetic. This is strictly local. In injecting cocaine, only the tissues immediately surrounding the tooth to be removed should be permeated by the solution, and it should not be allowed to penetrate further, since otherwise it is liable to become absorbed by the blood vessels, enter the circulation, and in large doses produce very serious effects.

Formerly he used to employ a ten per cent. solution of cocaine, but soon perceived that this was too strong, and during the last three years has found that a five per cent. solution meets all requirements. He had always a stock of Boehringer's cocaine in tubes containing each one-fourth grammme (3.8 grains). When the solution is needed, the contents of one tube is introduced into an empty five grammme vial (it generally holds about six grammes, about ninety-two grains,) which is then filled with distilled water containing one per cent. of carbolic acid solution. In this way he gets a solution of cocaine of about five per cent strength, the slight addition of carbolic acid enabling the solution to keep the better. The five grammme vial suffices to fill a Pravaz glass syringe five times. Half a syringeful injected is sufficient to produce an adequate anæsthesia in the course of five to ten minutes.

When a tooth is to be extracted, the cocaine solution should previously be well rubbed into the surrounding gums.

**Treatment of Tuberculosis.**—The New York correspondent of the *Journal of the American Medical Association* states that the most recent treatment for tuberculosis that has been advanced is that advocated by Dr. J. Blake White in a paper read before the Section on Practice of the New York Academy of Medicine. In addition to such general measures as are generally agreed upon by the profession, he employs hypodermically the chloride of gold and the iodide of manganese, given in a one per cent. solution of carbolic acid. The

preparations of gold, he claims, have been too long neglected by the profession, though their value has been recognized from time to time by some of the highest authorities. Thus, Roberts Bartholow extols their efficacy in cancer, scrofula, syphilis and chronic Bright's disease, and at the same time he advances the important observation that they are singularly apt to undergo decomposition in the alimentary canal, a fact which may explain the inefficacy of the remedy when used internally, and which also offers the strongest reason for its hypodermic use. Under any circumstances, however, Dr. White believes that in phthisis the hypodermic method is the only proper one to use for medication, as the overtaxed digestive system has already more than it can attend to in disposing of the food taken into the body. He combines manganese with the gold for the reason that this drug has been found to have so excellent an effect in improving the character of the blood and increasing the tone of the general condition.

The minimum dose of the fluid employed is one drop, and this should always be given as the initial injection. The remedy appears to produce a reaction in the system very closely resembling that caused by the Koch lymph. Afterwards, it is claimed, there is increase in the appetite, followed by a marked improvement in the general nutrition, and later by an amelioration of the characteristic phthisical signs. In three illustrative cases narrated by Dr. White, which have been under treatment since December, the results, as far as they have gone, are certainly very encouraging. In one of them the body weight has increased nearly eight pounds, and in another the amount of expectoration has diminished from fourteen to two ounces in the twenty-four hours. These patients are in the wards of Charity Hospital, Blackwell's Island, and have been seen by quite a number of other physicians. As to whether any permanent beneficial results will ensue it is, of course, entirely too soon to form any opinion. In addition to phthisis Dr. White states that he has found the hypodermic use of these salts of gold and manganese very efficacious in the chronic glandular enlargements and sinuous abscesses of scrofula, in obstinate chronic skin affections, especially of a leprous character, in chronic Bright's disease, and in persistent anaemia and the cachexias due to syphilis and scrofula.

## PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

**Multiple Exostoses.**—At the meeting of the Berlin Medizinischer Gesellschaft held February 16 last, Dr. Rubinstein stated that it was in 1890 that attention was called to the relations existing between the formation of exostoses and anomalies in the development of the skeleton. He presented a case, that of a girl of twenty who, up to seven years ago, was always healthy. Her mother had several different labors, version being performed at the last. Seven years ago, the patient noticed a painful tumefaction, which was somewhat reddened, on the inside of her left tibia. A short time after, similar phenomena were observed at the centre of the internal malleolus. They were exostoses. From that time on were observed a large number of similar exostoses showing themselves upon different portions of the skeleton. He counted twenty, twelve being on the left side of the body. At the same time, incurvations due to anomalous development, were observed in different bones. Thus the left radius is curved in on its posterior aspect on account of a shortening of the ulna; the same appears in the right forearm. The right leg shows a curved tibia caused by shortening of the fibula, which renders the foot oblique. These lesions have a certain importance for obstetricians from the point of view of dystocia.

**Tuberculosis of Alimentary Origin.**—M. Ollivier stated not long since to the Académie de Medicine that he had observed a case of meninginal tuberculosis in a young girl. Suddenly attacked, the patient died in eleven days. The family of the subject had never exhibited any tuberculous symptoms; but the girl had been educated in a seminary in which, during the course of a few years, thirteen girls had been attacked by tuberculosis, six of whom died, in two of which it was intestinal tuberculosis. A cow belonging to the seminary died in November, 1889, of generalized tuberculosis, with marked tuberculous lesions of the udder. This cow had supplied the institution with milk for nine years. M. Ollivier laid stress, in this connection, upon the danger of tuberculous contagion by alimentation through the milk or flesh. In respect to milk, this merely confirms the general formula that milk should never be drunk without previously boiling it, even when there is a belief that the cow is perfectly healthy.

**Anatomy of the Mastoid-Region with Guides for Operating.**—At a meeting of the Royal Academy of Medicine in Ireland (*Provincial Med. Jour.*) Professor Birmingham read a paper on some practical considerations on the above. He referred to the great variability of the course of the lateral sinus, showing that it may wander up or down to the extent of an inch, some distance behind the ear. A method of mapping out the limits within which it may vary was given as follows—one line is drawn from  $\frac{1}{2}$  inch above the external occipital protuberance, convex upward to a point  $1\frac{1}{2}$  inches behind, and  $1\frac{1}{2}$  inches above the center of the auditory meatus; another line from  $\frac{1}{2}$  inch below the protuberance to Reid's base line  $1\frac{1}{2}$  inches behind the meatus. Above or below the space included between these lines there is no danger of the sinus. The sinus may always be exposed if the pin of a  $\frac{1}{4}$ -inch trephine be placed at a point  $1\frac{1}{2}$  inches behind the bony meatus, and on the level of its upper border. In trephining for the temporo-sphenoidal lobe it is recommended that the pin of the trephine should be placed at a point  $1\frac{1}{2}$  inches behind and  $1\frac{1}{2}$  or 2 inches above the meatus. If a point  $1\frac{1}{2}$  inches behind and above the meatus be selected there will be danger of wounding the sinus in 15 per cent. of cases. The sinus is occasionally within one-twelfth of an inch of the surface of the mastoid, behind the ear; sometimes it is only three-sixteenths of an inch from the back of the meatus, consequently all perforations here should be made with the greatest care. The mastoid antrum can be reached in every case without wounding the sinus or entering the cranial cavity, if a quarter inch drill be sent straight in at such a point that the anterior margin of the aperture it makes shall be as close as possible to the bony meatus, and its upper margin not more than one-twelfth of an inch above the level of a line prolonged backwards horizontally from the upper border of the meatus. The drill should never go in more than  $\frac{1}{4}$ -inch, otherwise the labyrinth will be injured occasionally. The antrum will be usually reached at a depth of three-fifths of an inch. The idea of opening both cranial cavity and antrum by one trephine hole, made above and behind the meatus, is in many cases impracticable. As a simple rule for avoiding the sinus—perforations behind the ear should be made in front of a vertical line drawn  $\frac{1}{2}$  inch behind the posterior margin of the meatus. The margins of

the meatus ought always to be exposed, and bearings taken from it as a fixed landmark. (The paper was illustrated by photographs shown with the lantern.)

**Sterility of Pus From Heptic Abscess.**—At a meeting of the Société de Chirurgie, M. Peyrot stated that he had recently operated on a man who had an enormous abscess of the liver without any adhesions. About two litres of pus had escaped and the cavity had been washed, when the hepatic incision slipped and it was only after twenty minutes' tedious manipulation that it was brought back in position. In this manner a certain quantity of pus was emptied into the peritoneum. Nevertheless everything went on well and the patient recovered. In order to explain this innocuity of the pus, which has been frequently observed, a fact must be forgotten, as verified by Laveran and Netter, that the pus of hepatic abscess following dysentery is usually without micro-organisms. In the case detailed, examination proved the absence of the micro-organisms of suppuration.

#### DISEASES OF WOMEN AND CHILDREN.

**Unique Case of Obstetrics.**—Dr. J. T. Blackburn contributes the history of a case to *Medical Progress*. It is not often that cases are seen in which the cord prevents expulsion of the child, the following being most probably the first one on record. The reporter states that he was called at 3 A. M. to see a white multipara, thirty-eight years of age, who had given birth to seven children and had passed through all her confinements without any trouble. He found the head in the normal position, well down upon the perineum and apparently the second stage of labor seemed almost terminated. She would have regular pains every few minutes, the head would descend a little, though not enough to distend the perineum, then recede again at the conclusion of the pain. The head remained in this position for three hours in spite of the pains, which were expulsive in character. He applied the forceps, and, without much traction, delivered the head to find the cord encircling the neck three times and so shortening it as to prevent expulsion of the child naturally. The child, an average-sized one, was considerably cyanosed, but artificial respiration gradually restored it. The third stage of the labor terminated naturally.

**Care of the Bowels in Lying-In Women.**—In a paper on the care of lying-in women (*Am. Jour. Obst. and Dis. Women and Children*), Dr. Jacob Chase Rutherford answers the question: How soon should the bowels move? As the rectum is usually emptied during or before labor, there is no immediate necessity of moving the bowels; but if three days elapse without a movement, give a compound rhubarb pill or an enema of warm soapsuds. (It must be borne in mind that the recto-vaginal septum is still tender and weak, and that it is necessary to soften the faeces so that the woman's suffering may be lessened.) Should neither of these measures prove effective, an enema consisting of Epsom salt two drachms, glycerin two drachms, hot water two ounces, may be given, and if necessary repeated at intervals of one hour; or Epsom salt one drachm, compound tincture of gentian ten minimis, hot water one ounce, may be given by mouth every hour until the desired effect is obtained. Castor oil seems to have gone out of fashion; this is a mistake, for we have nothing equal to it in this class of cases. It can be given in the following mixture without having its disagreeable taste recognized:

B. Ol. ricini.....	3 ss
Tr. opii camphorat.....	3 i
Vini portense.....	3 i

M.

Sig.: Take at one dose.

The bottle should be thoroughly shaken, and the mixture poured into a warm wineglass and drunk before it separates.

After this the bowels should move every day. If they do not move spontaneously, give the woman fruit, figs, and massage of the belly. Should these means fail, give the following, taken from Skene's "Diseases of Women":

B. Extracti podophylli.....	3 i
Tincturæ colocynthidis .....	3 ij
Tincturæ belladonneæ .....	3 i
Glycerini.....	3 iv
Syrupi acacie.....	} aa 3 i
Tincturæ cardamomi comp .....	

M. Sig.: Teaspoonful noon and evening before meals. Should this act too freely, one dose daily will be sufficient.

As stated above, the woman should sit up while defecating. To some this may seem a very dangerous proceeding, but it

is not, as the woman can easily be placed on a sick-chair if the following method is employed : Swing her legs out of bed, so that she will be sitting on the edge of the bed ; place a sick-chair beside her, and carefully assist her on to it. She should not be allowed to strain while defecating, for fear of injuring the recto-vaginal septum. After defecation assist her back to the bed and let her lie quietly for a time. She will not be greatly fatigued ; in fact, it has been his experience that the fatigue was less than in cases where a bedpan was used.

Of course, there are cases in which it would be impossible for the woman to sit up, such, for example, as extensive lacerations when the primary operation could not be done, or post-partum hæmorrhage, or puerperal fever ; but in the great majority of cases it is possible, and, should be insisted on.

**Twin Pregnancy : Breech and Transverse Presentation.**—At a meeting of the Johns Hopkins Hospital Medical Society, Dr. Kelly exhibited the placentæ and membranes of a case of twins. The diagnosis of twins had been made by palpation three weeks before the confinement. There was a breech presentation of the child lying to the left side, its sacrum being anterior, the head lying in the epigastrium and left hypochondrium. The head of the other child could be felt in the hypochondrium. Combined palpation through the vagina and abdomen, acting on both poles of the foetus upon the left side, showed that the body between the hands was one and the same body, by the direct instant transmission of all impulses, given the cephalic extremity, to the breech lying in the pelvis, while movements communicated to the head of the other twin in the right hypochondrium were not so transmitted. The pulse of the child on the left was distinct, near the umbilicus, that on the right could not be heard. Palpation revealed the fact that the twins were small, although the abdominal circumference at the umbilicus was 108 cm. In the early months of pregnancy, this patient suffered from retroflexion of the gravid uterus, which he corrected at four months under an anaesthetic, pushing the uterus up into the abdomen.

Labor came on, the cervix dilated, and with the rupture of the membranes there was an extensive prolapse of the long umbilical cord of the foetus on the left side. It was impossible to return the cord, and as its pulsations became very

feeble, he caught the child by the feet and drew it down and rapidly delivered it. It breathed well after a few minutes. Following the birth of the first child, there was a cessation of pain, but there occurred an alarming haemorrhage from its placental site. He therefore administered chloroform and proceeded to empty the uterus. He found the placenta of the first child lying just within the cervix, having been detached. This was perforated and the second child found in a transverse position, with its back anterior, buttocks to the left. The feet were grasped, brought down and the child delivered gasping. The mechanism of the production of this transverse presentation is interesting. Its breech at no time presented, but lay to the right of the cervix, then when the pains carried the detached placenta of the first child down, filling the lower segment of the uterus, the next uterine contraction forced the head of the small foetus down to the left and the buttocks slid up on the right side, the body with the placenta making one common ovoid mass.

The children, although immature and weighing but three and a half pounds (1587 gr.) each, lived three days.

The mass which he exhibited was the placentæ and membranes. Considerable interest attaches to the placentæ of twins, not only from the fact that a twin pregnancy is unusual (about 1 in 89 according to Veit), but because we are thereby often able to determine an intimacy of connection between the twins in their intra-uterine life, possibly explaining to some degree the remarkable similarity of such children.

#### SURGERY.

**Fracture of the Anatomical Neck of the Humerus.—** At a meeting of the New York Surgical Society (*N. Y. Med. Jour.*) Dr. L. A. Stimson presented a patient who, in December, 1889, had been thrown down by the horses of a street-car and had fallen on his back in such a way that as the car passed over him the edge of the front platform caught against his right elbow and pressed the arm with great force upward and backward against the scapula. The symptoms were complete loss of function, with swelling and pain at the shoulder; the greater tuberosity rotated with the shaft; the acromion, the coracoid, and the neck of the scapula were uninjured; pressing the arm upward against the acromion gave pain and wa

accompanied by crepitus. He was treated in the recumbent posture with traction upon the arm for five weeks. He now had no deformity and almost complete use of the limb, abduction only being somewhat less than normal. The speaker thought the fracture one that rarely occurred, and that in most of the cases it took place after forward dislocation of the bone, the head being cut off by forcible impact against the anterior edge of the glenoid fossa, as shown by several specimens in which partial separation had been thus produced. The diagnosis in cases not combined with dislocation must always be somewhat uncertain because of the inaccessibility of the head of the humerus to palpation. Theoretically, the diagnosis might be made by ascertaining that the head did not move with the shaft and tuberosities, but in practice that fact could not be determined, because the head was too thickly covered and too unfavorably placed to be grasped by the thumb and fingers. The mode in which the force had acted in this case was in harmony with the mechanical conditions which in theory, should produce such a fracture; and the crepitus, obtained as described, had seemed to him to justify the diagnosis. The treatment by long-continued traction was intended to prevent a secondary result that had been observed in other cases—namely, the gradual dislocation of the detached head forward and inward by the action of the muscles which drew the shaft upward and inward.

**Apparatus to Correct Talipes Equino-Varus.**—Dr. John Dane has devised a modification of the snow-shoe method (*Boston Med. and Surg. Jour.*) which he describes as follows: The following is a description of a piece of apparatus which has been found useful in correcting talipes equino-varus without tenotomy; and in maintaining the foot in an overcorrected position after the operation. It is a modification of the snow-shoe method, which consists of a shingle, long enough to project beyond the toes for two or three inches, strapped to the sole of the foot, with a side arm running outwards at right angles to the foot. The heel is held firmly to the shingle by means of bandages and adhesive plaster straps running up the leg. The long projecting end of the shingle in front furnishes a lever by which to flex the foot. The flexion is obtained by means of tightening a strap; the upper end of which is put through a buckle fastened to

the shin by adhesive plaster, and the lower end fastened to the front end of the shingle. Eversion of the foot is accomplished by a similar strap, extending from the end of the side arm to the middle of the leg.

The apparatus described here consists of a light frame, which replaces the plaster around the leg, and furnishes a basis for flexing the foot without obstructing the circulation of the leg, as often happens with the method just described. It consists of three uprights connected by two semi-circular posterior steel bands. Each of these calf bands is furnished with a strap and buckle. The two side uprights have each two eyelets riveted to their sides; the posterior upright has but a single eyelet placed behind. The two buckles, which are to receive the straps that come from the toe and arm of the shingle, are sewed to the side of a piece of webbing of about eighteen inches in length. They should be side by side, and less than two inches from one end of the strip. To this end is also sewed another buckle, by which the strip can be buckled to itself. Furnished with its buckles, the long webbing is applied to the leg in the form of a figure-of-eight, passing through the several eyelets. This will bring the two buckles in front over the shin. Through these are passed the straps from the shingle and its arm. By tightening on these straps flexion and eversion may be obtained to any desired amount. The pressure will be so much distributed that it will not impede the venous circulation. Finally, the whole frame is not pulled down by the tension of the straps; for the more strain brought by them on the buckles, the tighter will it cause the webbing to which they are attached to grip the limb. The simplicity of this apparatus and its ready application are much in its favor.

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**Medical Schools in Turkey.**—In the Turkish empire, says one of our exchanges, there are five medical schools, two in Beirut and one in Constantinople, Cairo and Aintab. The school in Cairo, which has a seven years' course, gives a diploma which allows the holder to practice in Egypt only. Except for this the Constantinople school, which has a course of six years, is the only institution giving a degree with the right to practice in the empire. The other three schools are under the charge of different missionary societies, and must send their graduates to Constantinople for examination.

## Society Proceedings.

### ST. LOUIS MEDICAL SOCIETY.

February 28, 1891.

**Excision of a Portion of the Liver.**—At the request and in the absence of Dr. Cale, Dr. Broome presented an abscised portion of a liver affected with supposed tuberculosis, in a boy aged eleven years, the history of which dated back two and a half years. The case began with symptoms of ordinary typhoid fever. A swelling developed in the region of the right lobe of the liver. About six months later a small abscess formed and was opened just to the right of the gall bladder, from which a discharge of fluid continued for a period of a year and ten months. An examination detected a tumor, somewhat larger than a fist, on the under surface of the right lobe of the liver, and it was impossible, by external manipulation, to determine whether the tumor was of the right kidney or the liver. The urine was normal. The probe, introduced into the fistulous tract, led under the liver and towards the right; the diagnosis was tumor of the liver, either malignant and degenerating, or a conglomerate tubercle of the liver. An external incision was made parallel to the twelfth rib, beginning at the external border of the externus and extending down to the quadratus lumborum muscles, cutting the fibres of the latter. The tumor found involved about one-third of the right lobe; this was removed by the scissors, blunt instruments and fingers; a portion of indurated tissue at the base, which could not be removed, was curetted. The temperature before the operation was 101° constantly; since the operation it has been normal, this being the twelfth day since the operation. The boy is doing well. The only history is, the boy is an orphan, has one grown brother; the parents having died of some lung trouble.

If the case were one of tuberculous tumor of the liver, it is the first for which an operation has ever been done. Pending microscopic examination discussion of the case was postponed.

**Acute Otitis Media.**—Dr. Barclay related a case showing the resources a man suffering with disease of the ear may resort to. A countryman, suffering with acute otitis media, in both ears, consulted a practitioner who gave him an aperient and ordered large doses of quinine. When told that the patient's suffering was increased he directed teaspoonful doses of the quinine. The patient, in desperation, having passed two sleepless nights, poured cold well water, first into one and then the other ear. This he continued for several hours at a time for two nights and a day, when he came to the city and related his experience. The cold water relieved the pain until it became warm in his ear; but gave no permanent relief.

**Evil Effects Following Use of the Aural Syringe.**—Dr. Bremer related the history of a case, diagnosed a year ago as nervous prostration. Several weeks ago, suddenly, without any antecedent fever, an abscess discharged through the ear. The very considerable headache experienced previously on that side of the head, was relieved. The family were instructed to cleanse the ear by gentle syringing. With what force the syringe was used is not now known. When the last physician saw the case, the temperature was 104°; she passed her evacuations in the bed and the superficial and deep reflexes were abolished; she speedily passed into a semi-comatose condition, and died. Diagnosis was meningo-encephalitis, probably arising from a sub-dural abscess. While the use of the syringe, in the hands of an experienced aurist, is very rarely attended with danger to the patient, the speaker thought that often great danger and serious results followed its use by the inexperienced laity.

Dr. Williams thought that more was blamed on the syringe than it was accountable for.

Dr. Lutz thought that all the trouble should not be laid to the syringe, yet he had seen cases where, apparently, the use of the aural douche had done great harm. He had just come from a patient, seventy years of age, who in January had had his ear syringed for hardened wax, a gallon of water being used. This manipulation was repeated four or five times. A purulent inflammation set in, followed by pneumonia, and he is now moribund.

Dr. Loeb thought that the use of the aural douche very rarely if ever was productive of serious difficulty.

**Dangers Incident to the Use of the Nasal Douche.**—Dr. Bremer had seen a case lately of a gentleman who had been treated for nasal catarrh with the nasal douche. When seen he was suffering from a moderate degree of fever, temperature 101° or 102°, and delirium simulating the delirium of typhoid fever. He thought that the inflammation had extended from the nose through the cribriform plate of the ethmoid and had set up a mild type of meningo-euencephalitis. He remembered well a case of the kind he had seen in Zurich, where a post-mortem was made. The man had entered the hospital with inflammatory rheumatism, suffering at the same time with a severe cold. At the post-mortem a meningo-encephalitis was found and the lateral ventricles were filled with pus.

Dr. Lutz instanced a case of a woman about thirty-five years of age, of a very robust constitution, who had always had fair health. She consulted a "catarrh doctor," who ordered a nasal douche of lukewarm water, which was used from a reservoir hanging at a great height. An inflammation of the frontal sinus set up, followed by meningitis and she became maniacal and succumbed in the course of four weeks.

Dr. Loeb thought that except in atrophic rhinitis it was almost impossible to get the medicament beyond the middle turbinated process. He preferred the warm spray of alboline, medicated, to the douche, but thought that a pledge of cotton on a probe was the simplest instrument for cleaning the nose.

March 7, 1891.

**Facial Spasm.**—Dr. Shaw read a paper narrating a case of Facial Spasm, as follows:

S. E. K., thirty-four, worker in brass, affords no history of venereal or rheumatic troubles. Habits good; never drank to excess, but takes an occasional glass of beer. His affection consists in an almost continuous twitching or clonic spasm of the right side of the face; almost entirely, if not exclusively, limited to all those areas, to which sensation is supplied by the fifth nerve, except the parts supplied by the supra and infratrochlear branches. Sometimes, though rarely, it involves the side of the chin and cheek, which are supplied by the super-

ficial cervical and great auricular, from the cervical plexus. Every few minutes, under ordinary circumstances, and more frequently if under excitement, a tonic spasm, lasting from ten seconds to two minutes, occurs in the region supplied by the infra-orbital, temporo-malar and lachrymal branches, completely closing the eye-lids, causing blepharospasm. Nicitation is almost continuous while awake, except when rendered impossible by the blepharospasm.

The trouble began eleven years ago as a trifling convulsive tic, affecting the region immediately below the lower lid of the right eye. It continued to annoy him for a year, and then ceased entirely for four or five months. It then reappeared and rapidly involved new territory, spreading down the face, and outwardly over the malar bone; in other words, those regions supplied by the infra-orbital and temporo-malar and lachrymal branches of the fifth nerve. The facial spasm now became rapidly worse, was even more pronounced and annoying one year ago than it is at present. At times there are exacerbations and remissions, but at no time, except the period of four months just alluded to, was there anything approaching to a distinct intermission. Last summer he first noticed slight muscular twitchings in the right arm and intercostal muscles of the right side.

Vision is good, though four years ago he had granulated lids. Taste and hearing normal. Says he never did hear quite as well as some people.

The tongue on its right side, is slightly involved, and some years ago his speech was somewhat imperfect, on account of difficulty in enunciation from irregular movements of the tongue; but of late years the lingual spasm is scarcely noticeable.

There is slight anaesthesia of the right side of the face over the area convulsed; but the patient is not aware of the clonic spasm when of minor grade, frequently insisting that the face is not moving, while an observer will observe almost an incessant play of the muscles.

In 1867 this patient, then ten years old, was violently thrown from a horse, became unconscious and so remained for four hours.

In 1870 he was injured on his chin by a fall.

In 1872 he was injured by a mule treading on him, injur-

ing his back and one of his hands. He did not think that he was badly hurt at the time, but a few minutes afterwards he fainted, and subsequently was compelled to remain in the house for a month, on account of injury in his back.

In 1879 he was thrown from a mule, receiving a scalp wound at the upper margin of the forehead, about one inch to the right of the median line. At this point there is now a scar about as large as a dime. Connected with this scar and extending almost up to the coronal suture, in a direction one and a quarter inches from the sagittal suture, and down to the supra-orbital one and one-quarter inches from the median line, is a linear fault in the soft tissues, which feels like a groove in the frontal bone.

In 1880, a few weeks before he first noticed any twitching, he was again injured by a piece of kindling wood forcibly impinging on the right side of his face; one piece lacerated the flesh at a point one-half of an inch to the right of the outer canthus of the right eye, at which point is to be observed a small crescentic scar; another piece struck him directly over the malar eminence, where is now a scar somewhat larger than the one first mentioned.

Careful examination fails to discover any points about the head or elsewhere that are tender on pressure. The patient never suffered much from toothache; but the first and second right upper molars were extracted last summer, on the advice of a physician, because they were decayed.

While this case is readily recognized as one of facial spasm, or convulsive tic, the question naturally arises, is it of central or peripheral origin, *i.e.*, is it a manifestation of some irritative lesion within the skull, or is it the result of reflex irritation.

In the absence of disorders of the mental faculties, special senses, and convulsions of the limbs, it seems quite certain that the spasm is occasioned either by irritation of the seventh nerve, at a point distal to its site of apparent origin, viz., the lower or posterior margin of the pons varolii, or through reflex perturbation of some of its nuclei of origin in the floor of the fourth ventricle, transmitted or instituted by the great cranial nerve of sensation—the fifth.

While I would not insist that an irritative lesion thus situated, and sufficiently potent to produce convulsive tic, would

necessarily develop perturbation in the function of either the tympanic, the petrosal or the chorda tympani branches of the seventh nerve, or possibly all of them ; still from the fact that there is no perturbation in the function of any one of these branches, I feel confident, that if the spasm be due to irritation of the seventh nerve, the lesion causing it must be found at a point distal to that at which the chorda tympani is given off ; and that it is not between this point and the stylo-mastoid foramen is equally certain, because the posterior auricular nerve which is given off from the portia dura after its exit from the skull, does not seem to be involved ; and as no pathological condition of the main facial branches of the nerve, superficially situated, can be discovered, we are, by a process of exclusion, almost compelled to presume that the spasm is of reflex origin, presumably occasioned through centripetal impulses projected along the sensory fibers of the fifth nerve.

The most commonly recognized causes of facial spasm of the reflex variety are : Dental caries, periostitis, lingual ulcers, aural or nasal diseases, and affections of the visual apparatus. Irritations elsewhere, as those of the intestine, from worms, have also been known to hold a causal relation ; but observation in this case has failed to discover the presence of any of these.

In the absence of symptoms suggesting central lesion, and the absence of the commonly recognized causes just mentioned, with the history of traumatisms and the presence of indubitable evidence of their occurrence, we are justified in inferring that the spasm in this case arises from some persistent focus of irritation of the fifth nerve.

When the distribution and various functions of the great sensory central nerve are considered, we note that it guards every orifice about the head and face. To the eye especially it stands as the sentinel, constantly on duty to give warning of impending danger to its well being e. g. from excess of light or from direct trauma to the organ itself, or to its accessories, and orders the instant closure of the lids (*tutamina oculi*). To such an extent does the seventh nerve function in sympathy with, and in response to irritations of the fifth, that it might be aptly styled its motor complement.

Much effort has been expended in homologizing the cranial nerves with the spinal ; especially from the side of em-

bryology. And various views expressed as to their relations to one another, but no results sufficiently definite have been deduced to warrant any dogmatic statements.

However, as we are now able to demonstrate the existence of a reflex arc in the spinal segments, we are warranted in assuming the presence of such reflex arcs among the cranial nerves; and clinical experience clearly demonstrates that irritations of the fifth nerve frequently induce reflex contraction in those parts irritated by the *portio dura*.

Both of these nerves have nuclei of origin in the floor of the fourth ventricle. An examination of their superficial distribution to the face and head shows a wonderfully close resemblance in the territory occupied by each, and illustrates a law of nature in arranging nerves in accordance with harmony of action.

Presuming that the "fault" in the tissues described is in the pericranium, and as the pericranium in this locality, is supplied by the peri-cranial division of the ophthalmic, and assuming also, in accordance with that law of nature, just referred to, which arranges nerve distribution in accordance with harmony of action, that irritation of a branch of the ophthalmic division (other things being equal, provided such irritation resulted in reflex spasm) would induce such spasm in those muscles which would naturally be brought into action in affording protection to the eye, these being the muscles first, most continually and to the highest degree convulsed, and most frequently thrown into tonic spasm: the conclusion is reached, that the facial spasm in the case before us, originates from a pathological condition of the pericranial division of the ophthalmic nerve on the right side, induced by the results of the trauma which produced the scar and probably the linear "fault."

The remedial indications therefore are, first the removal of the cicatrix and linear "fault" in the pericranium. Should this mode of procedure fail to remove the real source of irritation, I next propose to remove the cicatrix over the malar eminence: since the subtle influences, incorporated in this cicatrix, may be the initial occasion of the pathological phenomena presented.

Dr. Barclay said, he had now under his care a patient, who is affected with facial spasm, but to a less degree than in this-

gentleman. Accompanying it is a polypus and chronic otorrhœa. He removed the polypus from the ear, it being as long and as large in circumference as the distal phalanx of the little finger, filling the external auditory canal. It remains to be seen what effect its removal and subsequent treatment will have upon the convulsive tic.

Dr. Fry stated all treatment of this case must be surgical and tentative and approved of the course proposed to be pursued. In a surgical point of view the doctor is fortunate in having the duty and responsibility to minister to a case of convulsive tic, though it is well known to be an intractable affection.

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### Book Reviews.

**The Medical Student's Manual of Chemistry,** By R. A. WITTHAUS, A.M., M.D. Third Edition, 8 vo., cloth, pp. 528. Illustrated. [New York : William Wood & Co., 1890.

During the seven years which have elapsed since its first appearance this work has become so well known to American students and practitioners that anything more than a reference to the changes and additions made in the present edition is a work of supererogation. Coming, as it did, into a field already filled by so many and such excellent text books, (and by a multitude of so-called "manuals of chemistry" that were such only in name), Prof. Withaus' work at once took a definite place in educational chemical literature, and every year of its use in our medical schools and colleges has served only to increase its popularity with teachers and students alike.

In the present (third) edition the original plan of the work has been closely adhered to. The first part, devoted to the philosophy of chemistry, or the general principles of chemical science, has been altered and extended to meet the advances and discoveries made in this direction during the past three or four years, but is otherwise unaltered. The greatest changes and additions are, as naturally would be supposed, to be found in that portion of the work devoted to the chemistry of the carbon compounds. In this department the judgment and acumen of the author have been most severely taxed, and the result shows the skill of the trained teacher.

In the consideration of how much or how little of it should be given, there was, on the one hand the extreme complexity and intricacy of the subject (and hence the difficulty of giving an adequate idea of it to medical students), and on the other the necessity of a knowledge of organic chemistry in the proper study of physiology, and the great and growing importance of the products of this department, in therapeutics and pharmacy. Dr. Witthaus has proven himself equal to the task, and we especially recommend this portion of his handbook to teachers who are or have been somewhat puzzled.

The orthography of the book is the only thing about it with which we can find fault. The writer has, it is true, the authority of the Chemical Section of the American Association for the Advancement of Science for the departures that he has made; but we are not aware that any great amount of attention has been paid to the recommendations of this section by any of the chemical, medical, pharmaceutical or other scientific journals of this country. In fact we do not know of a single publication that has paid the slightest attention to them. The dropping of the final *e* in *all* words ending in *ine*, *ide*, *ole*, etc., regardless of the group or series to which they belong can have no other motive than the shortening of the words without regard to derivation or euphony.

The mechanical portion of the book, letter press, binding, etc., is up to the usual standard of the publishers.

F. L. J.

**Text-Book of Hygiene. A Comprehensive Treatise of the Principles and Practice of Preventive Medicine from an American Stand-Point.** By GEORGE N. ROHE, M. D., Second Edition, Thoroughly Revised and Largely Rewritten, with Many Illustrations and Valuable Tables, 8vo., pp. 421. [Philadelphia and London F. A. Davis, 1890. Price \$2.50.

Among the distinctively modern innovations of medicine which have been placed upon a secure scientific foundation may be included hygiene. Acting upon the old adage that "an ounce of prevention is better than a pound of cure," or that "a stitch in time saves nine," the advocates of the prophylaxis of disease have done an amount of good to humanity to an extent which the present generation will not be able to measure. Certain immediate advantages are easily recognized

because of the very fact that they are immediate; but, the remote benefits will have to be counted by future generations.

Hitherto, the principal works on hygiene have been written by Europeans, but little work in this direction having been done in this country save in the way of journal articles and short hand-books. It is for this reason that we are pleased to see a competent man interested in the subject take the pains to embody the principles of this important subject in a work. The methods are distinctly American but, nevertheless, they are good and that such a work was required is amply attested to by the fact that a second edition was called for in a comparatively short time.

In addition to purely civil hygiene there are chapters devoted to military and camp hygiene, naval hygiene, and prison hygiene. An interesting chapter is that devoted to a history of epidemic diseases. The book concludes with a well-written chapter on quarantine, written by Dr. Walter Wyman of the U. S. Marine Hospital Service.

The work before us can be regarded as a good, reliable and safe guide, comprehensive in character and lucid in its teachings. We have been somewhat disappointed in reference to the hygiene of phthisis and of syphilis. While this is a subject pertaining to medicine proper it is none the less within the domain of hygiene and when we stop to consider the large number of individuals affected with these diseases, in our opinion, particular instructions should be laid down to prevent the further dissemination of these troubles, so far as the individual himself is concerned. The general prophylaxis advocated is impracticable.

The improvement in this edition over the former one is marked, and on that account makes it more valuable. If indications are correctly interpreted by us it will not be very long ere a third edition will be called for and the work certainly deserves a rapid sale in its present form of improvement.

The book presents a neat and handsome appearance and reflects credit upon the publisher.

**A Manual of Modern Surgery.** By JOHN R. ROBERTS, A. M., M. D. 8vo. pp. 800 With Illustrations. [Philadelphia: Lea Brothers & Co., 1890.]

This work, as its name implies, is a treatise upon surgery,

founded on the most modern and approved scientific facts. The author does not enter into tedious details of argument and differences of opinion, but writes from a large personal experience, and utilizes the views held by the best authorities and most practical surgeons of the day. He has culled the latest ideas from recent monographs, which are, in his judgment, of scientific and practical interest to students and practitioners.

During comparatively recent years great advancement has been made in bacteriology, and the author has thus been enabled to explain the etiology and pathology of many forms of disease, which were before crudely and inefficiently explained by a variety of theories.

Inflammation, that pathological condition which the science of surgery has so frequently to contend with, and which was a few years ago not thoroughly understood, has been studied and examined into, until now it is possible to present a comprehensive and scientific description of the process, including its etiology, pathology, the different varieties, and the treatment. It may be said of the entire work, that so far as lay in the limited space of eight hundred pages, he has given approved explanation of causes of, and treatment for, surgical diseases.

That nomenclature, which arises from descriptions of a given disease by a certain author and becoming known by the attachment of that author's name is not recognized in this work, as it is believed that such a method has the effect of confusing the mind of the student. Certain conditions are described, and they are designated by whatever name may be suggested by the condition under consideration.

The usual high standard of the publications issued by Lea Brothers is maintained. It is copiously illustrated and has a generous index.

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**Honors to Helmholtz.**—The seventieth birthday of Prof. von Helmholtz occurs on August 30th, 1891, and it is proposed to commemorate the event by presenting him with a marble bust, and the striking of a special medal to be bestowed upon physicians of eminence. It is desired to form an international committee for carrying out the scheme.

### Literary Notes.

The Chicago Medical Record is announced to appear shortly. It is not known as yet whether this move has been made in anticipation of a possible removal of the *Journal of the American Medical Association* to Washington, or to "fill a long felt want." Chicago certainly has room for a first-class medical journal.

The Cleveland Medical Gazette began a new volume with its February, 1891, issue. It has been improved and appears in a yellow cover now. Its editors, Drs. Albert R. Baker and Samuel W. Kelley, intend to make a success of it and are bending all their energies in that direction. May success attend their efforts.

The Provincial Medical Journal publishes the following: "A reward will be given to anyone who furnishes us with name of circulator of report that *Provincial Medical Journal* is 'about to stop'—in strictest confidence."

Any one who has had the pleasure of reading this valuable publication can see at a glance that it has "come to stay."

The Journal of Comparative Neurology is to be a new quarterly, nominally, as fasciculi will be issued at more frequent intervals whenever material is ready. Each volume will contain 500 pages, the price being \$3.00 per annum, or \$2.50 if paid in advance. As its name indicates it will be devoted to the comparative study of the nervous system. The announcement we have received is signed by C. L. Herrick, of the University of Cincinnati.

The International Clinics is the title of a quarterly octavo of 300 pages to be issued by the Lippincotts, of Philadelphia, very shortly. They will contain clinical lectures of English and American teachers, the subjects embraced being medicine, surgery, gynaecology, pediatrics, neurology, dermatology, ophthalmology, laryngology, and otology. The American editors are Drs. John M. Keating and J. P. Crozer Griffith, of Philadelphia, and W. J. Mitchell Bruce and David Finlay, of London.

The Journal of Gynecology is the title of a new monthly whose initial number will be issued in April. It will be devoted to gynaecology, obstetrics and abdominal surgery. It is to consist of forty-eight pages and, in addition to original articles, there will be society proceedings, selections, abstracts and a bibliographical index of the articles appearing in American medical journals relating to the subjects noted above. Dr. Charles M. Smith, of Toledo, Ohio, is the editor of this publication, which we hope will be a success.

**Books Received.**—The following books were received during the past month:

Etude Anthropométrique sur les Prostituées et les Voleuses par le Docteur Pauline Tarnowsky, avec 8 tableaux anthropométriques et 20 dessins. 8vo. pp. 226. [Paris : Progrès Médical and E. Lecrosnier et Babé, 1889. Price, 5 francs.

The Soul of Man. An Investigation of the Facts of Physiological and Experimental Psychology, by Dr. Paul Carus. With 152 Illustrations and Diagrams. 8vo. pp. 458. [Chicago : The Open Court Publishing Co., 1891. Price, \$3.00.

A Compend of Gynæcology, by Henry Morris, M. D. With forty-five Illustrations. Quiz Compends, No. 7. 12mo. pp. 178. [Philadelphia : P. Blakiston, Son & Co., 1891. Price, cloth, \$1.00; interleaved, \$1.25.

Igiene del Orecchio, per il Prof. Vicenzo Cozzolino. Quinta edizione. 12mo. pp. 86. [Napoli : Tipografia di Filinto Cosmi, 1891.

Diabetes : Its Causes, Symptoms and Treatment, by Charles W. Purdy, M. D. No. 8 in the Physicians' and Student's Ready Reference Series. 12mo. pp. 184. [Philadelphia and London : F. A. Davis, Publisher, 1890. Price, \$1.25.

Des Résultats Immédiats et Eloignés du Traitement Electrique des Fibromes Utérins par la Méthode du Docteur Apostoli par Mlle. Félicia Jakubowska, Docteur en Médecine de la Faculté de Paris. 8vo. pp. 91. [Paris, Octave Doin, 1890.

**Pamphlets Received.**—The following pamphlets and reprints were received during the past month, and we take this opportunity of returning our thanks therefor: The Report of a Case of large Interstitial Fibroid of the Uterus removed by Abdominal Section, with some Observations in Relation to the most Rational Methods of dealing with Neoplastic Forma-

tions which originate in the Muscular Fibres of the Uterus, by Thomas H. Manley, M. D. (Reprinted from the *Brooklyn Medical Journal*, February, 1891); Varicose Aneurisms of the Aorta and Superior Vena Cava, by William Pepper, M. D., and J. P. Crozer Griffith, M. D. (From the *American Journal of the Medical Sciences*, October, 1890); An Additional Note on the Employment of Antipyrine in Pertussis, by J. P. Crozer Griffith, M. D. (Reprinted from the *Medical News*, December 13, 1890); Climatic Treatment of Phthisis, by J. P. Crozer Griffith, M. D. (From the *Medical and Surgical Reporter*, February 14, 1891); Annual Report on Laws Regulating Medical Practice, by Richard J. Dunglison, A. M., M. D. (Reprint from the *College and Clinical Record*, February, 1891); Treatment of Syphilis by Internal Use and Intramuscular Injections of the Salicylate of Mercury, by Charles Szadek, M. D. (From the *Medical and Surgical Reporter*, April 12, 1890); Four Cases of Syphilitic Chancre of the Tonsil, by Charles Szadek, M. D. (Reprint from *St. Louis MEDICAL AND SURGICAL JOURNAL*, January, 1891); Opinion of the Supreme Court in the Case of Hathaway vs. The State Board of Health of Missouri, delivered February 2, 1891. The Relation of Medical Advertising to the Medical Practice Law of Missouri, and the Powers and Duties of the State Board of Health in Regard Thereto; Obligations of the Medical Profession to Society and the Insane, by O. Everts, M. D. (From *American Journal of Insanity*, October, 1890); Seventeenth Annual Report of the Superintendent of the Cincinnati Sanitarium for the Year ending November 20, 1890; Tonic Reconstituents, by A. Lutaud. (Reprinted from *Journal de Médecine*, January, 1891); A Card to the Members of the Texas State Medical Association, by H. C. Ghent, M. D. (Reprint from the *Texas Courier Record of Medicine*, January, 1891); The Franklin Interrupted Current, or, My New System of Therapeutic Administration of Static Electricity, by William James Morton, M. D. (Reprinted from the *Medical Record*, January 24, 1891). Exports of the Principal Articles of Domestic Provisions, February, 1891. (From Bureau of Statistics, Treasury Department); A Study of Sterility: Its Causes and Treatment, by Thos. W. Kay, M. D. (Reprinted from the *Journal of the American Medical Association*, February 7, 14 and 21, 1891); On the Use of the Oil of Eucalyptus

Globulus combined with other Antiseptics, in the Treatment of Scarlet Fever and all Infectious Diseases, by J. Brendon Curgenven, M. R. C. S., L. S. A. (From Trans. of the Epidemiological Society, 1890); On the Dangers Arising from Syphilis in the Practice of Dentistry, by L. Duncan Bulkley, A. M., M. D. (Reprinted from the *International Dental Journal*, August and September, 1890); The Pharmacology of the New *Materia Medica*, Part X, December, 1890—January, 1891.

### Melange.

The Use of Koch's Lymph in the Warsaw hospitals has been forbidden by the authorities.

The Tennessee State Medical Society will hold its next annual meeting, in Nashville, April 14-16.

The German Congress of Physicians will hold its tenth annual session at Wiesbaden, April 6 to 9 under the presidency of Dr. Leyden, of Berlin.

The Medical Corps of the Army does not seem to be very popular. Some short time since the number of vacancies was five and this rapidly increased to fourteen with more expected.

The Most Expensive Thermometer in this country is in use at the Johns Hopkins University. It is known as Prof. Rowland's thermometer, and is valued at \$10,000. It is an absolutely perfect instrument, and the graduations on the glass are so fine that it is necessary to use a microscope to read them.

The Medical Education Bill has been defeated in the Missouri Legislature. This was a measure to enforce a three years' attendance on lectures, no student to be permitted to matriculate without presenting certain literary qualifications. The measure was promptly defeated, but its originator promises to introduce another at the next session of the Legislature. This latter measure will provide for a State Board of Medical Examiners, who are to examine every candidate for graduation in every medical college in the State. Of course, this sounds nicely, but where is the Board that will stand such an amount of labor unless liberally compensated.

Several Leading Parisian Journals concur in giving their highest praise to a quack recently arrived in Paris, who cures tuberculosis with grass juice and bottled electricity (of five sorts and prices, of course), and who has hardly time for sleeping or eating, and none for the remainder of the human functions, on account of the throng of patients. Human foolery is an unending source of surprise, and of philosophical reflection on the probable condition of some human brains.

**Meeting of the National Association of Railway Surgeons.**—At the Kansas City meeting of the National Association of Railway Surgeons last year, it was decided to hold the next meeting at Buffalo, May 7th, 8th and 9th of this year. But, on account of the meeting of the American Medical Association being set for the same time, it has been decided to change those dates, and to hold our next meeting at Buffalo, April 30th, and May 1st and 2d, to which all Railway Surgeons are cordially invited. To all Railway Surgeons sending their names and addresses to the Corresponding Secretary, a copy of the Constitution and Programme will be sent. All those wishing to read papers should send in the titles of their papers without delay. For further information, inquire of A. G. Gumaer, M. D., Corresponding Secretary, Buffalo, N. Y.

**Progress in the Right Direction.**—A comparison of the Seventh Report of the Illinois State Board of Health, on Medical Education, with the one for 1890, shows that some marked changes have taken place in the past year, and when a review is made of the changes for the better since the session of 1882-1883, there is much cause for congratulation and encouragement. There are now 148 medical colleges of all kinds in existence in the United States and Canada, there being 135 in this country and 13 in Canada. In 1882 the number of colleges requiring certain educational qualifications for matriculation was 45; in 1886, 114; in 1889, 117; in 1890, 124; and in this report 129.

In 1882 the number of colleges that required attendance on three or more courses of lectures before graduation was 22; 1886, 41; in 1889, 47; in 1890, 64; in this Report, 85. Of the 148 colleges all have chairs of hygiene except 14, making 123 that teach this branch, while 119 now have chairs of medical jurisprudence.

**Dispute Over a Quarantine Station.**—Philadelphia and Chester, Pa., are arrayed against each other in a dispute over the location of Philadelphia's quarantine station. This has been for a great many years upon Tinicum Island, in the Delaware, just opposite Chester. The Board of Trade of Chester now, however, declare that the quarantine station is a public nuisance and a constant menace to the city's prosperity in trade, and to the health of her inhabitants. The Board of Health, on the other hand, say that no case of contagion in Chester from patients in the hospital on Tinicum Island is on record, and that there is no danger of such an occurrence taking place in the future. Popular sentiment in Chester, however, strongly supports the position of the Board of Trade. The outcome of the dispute may possibly be the removal of the quarantine station to Lewes, on Delaware Bay, a little above Cape Henlopen.

**Must Physicians Answer Urgent Calls?**—A paragraph in the daily papers states that a New Haven physician who refused to attend an urgent call because he had a previous engagement has been fined \$10. It would be interesting to know the full particulars of the case, as it is difficult to see what obligation there is upon the physician to render services in any case except that of humanity says Mr. Riley. We believe that physicians have a legal right to give or refuse their services to any person, but they assume a grave responsibility when they decline to respond to an urgent call, especially if other physicians are not easily accessible. On the ground of humanity such a refusal would be very severely judged both by the profession and by the general public. It is a far different matter, however to assume that a physician who refuses to answer a call is liable either to a fine or to money damages in a civil action.

**A Potato in the Rectum.**—Poulet, in his admirable work on foreign bodies in surgery, has reported a number of curious cases. Dr. Alf. Stocquart gives an account in the *Archives de Médecine Belges*, of a workingman who introduced a potato into his rectum to make his stools easier. After three days of constipation the potato swelled, producing a sense of uneasiness in the abdomen. The attempts of the

patient to remove the foreign body proved unavailing. The only result was the escape of a small amount of liquid feces. When Dr. Stocquart was called the hypogastric region was ballooned and painful. The foreign body produced involuntary efforts at defecation, accompanied by retchings. An ordinary anal speculum could not be used, but a Cusco permitted the potato to be seen rounded like a ball. It was extracted piecemeal after having been perforated by means of a long-handled bistouri.

**Wants His Money.**—A late number of *Printer's Ink* publishes the following:

The following advertisement is clipped from the Boston (Ga.) *World*:

DR. THOS. H. STEWART

offers his professional services to all who may desire them; excepting only such as are able to pay, but are not in the habit of paying Medical Bills. He does not accept praise and patronage as legal tender, instead of more substantial currency. He takes this method of saying to all the poor who might desire his services, and who are not able to pay, not to feel the least restraint from calling him, for he esteems their good will and thanks more desirable than money, paid reluctantly by those who are able to pay for honest, anxious service rendered. Office, 2 doors west City Hall.

**A Bogus New Jersey Medical College.**—The health authorities of New Jersey are investigating a medical college run on the notorious Buchanan's principles. This institution is entitled the Medical and Surgical College of New Jersey. In a pamphlet issued, according to the *Philadelphia Medical News*, the head of the concern is proved, over his own signature, to be an offspring of the bogus institution run by "Dr." Buchanan under the style of the Eclectic Medical College of Pennsylvania, and to be an advertising specialist residing in New York City. Connected with the scheme are several men who have doubtful reputations. According to the statement of the Hudson County Medical Society, the so-called college has never had any of the conveniences or requisites which would enable its so-called students to attend either hospital instruction, clinics, or anatomical demonstrations. One of

the students stated, however, that there had been two dissections of sheep's heads, and one of a calf's heart. Nevertheless, there has been allowed to "graduate" two classes, one containing twelve persons, and the other three; one of these persons only claimed a residence within the limits of New Jersey.

**An Inadequate Frontispiece.**—In the sacred name of art, and on behalf of womankind as it blooms and fructifies in the sunny South, we wish to protest against the title-page of our picturesque contemporary, *The Dixie Doctor*, says the *Medical Record*. The said title-page contains the portraits of Drs. McDowell, Long, Sims and Battey, each artistically delineated and set in the four corners, like the angels of the Apocalypse. Nobody can complain of such tribute to historic greatness. But in between these is the artist's conception of a doctor's office, with a desk, a doctor, and a lady. It is this Georgia simulacrum of the professional workshop with which we must, in the most amiable spirit, find fault. In the first place, we note that the doctor in the picture sits comfortably back in a cushioned chair, while the lady is obliged to sit *vis-à-vis*, on a hard-bottomed rectangular arrangement, to her most evident discomfort, and with the probable peril, in time, of gluteal induration and articulo-muscular overstrain. The situation to the lady is unjust to the chivalry of the South. Besides, the patient herself is not all our fancy has painted, or our vision realized, of the lovely types of womanhood which flourish among the cotton, the sugar and the corn. We beg the artist to reconstruct his inadequate creation. Let him first see a real Southern doctor meet and treat his countrywoman, and he will blush at his performance.

**Mental Anguish and Damages.**—In North Carolina and in some other states, says an exchange, the telegraph companies are held pretty rigidly to a liability in case of neglect to deliver a telegram promptly. In some States the liability is merely nominal, permitting a recovery for the amount paid to secure the transmission of the telegram, unless there has been a pecuniary loss, in which case the judgment will be for the loss which is proved. In North Carolina, on the other hand, the person who should have received the telegram has

an adequate remedy for harm quite distinct from pecuniary loss, as the following statement of a case will show: A telegraph company received this message: "Come in haste, your wife is at the point of death," but failed to deliver it for eight days, although the place of business of the person addressed was well known and within a short distance of the office of the company. As a result, he was prevented from being present at his wife's death or attending her funeral. Upon this showing of extreme negligence the Court held that he was entitled to maintain an action for the wrong done him, and that in addition to the nominal damages of the cost of the telegram, he was entitled to recover compensation for the mental anguish inflicted on him by the negligence of the defendant.

It is not often that so extreme a case comes into the courts, and the company deserved to be mulcted in heavy damages, though if the suit was brought in many of the States, under the present view of the judges, there could only be recovery of a few cents.

**Midwives in the Time of Queen Elizabeth.**—The following curious oath is recorded in the *Medical Press* as the condition upon which Mistress Eleoner Pead received a license from the Archbishop of Canterbury, in 1567, to practice midwifery:—"I, Eleoner Pead, admitted to the office and occupation of a midwife, make oath that I will faithfully and diligently exercise the said office according to such cunning and knowledge as God has given me, and that I will be ready to help and aid as well poor as rich women being in labor and travail of child, and will always be ready both to poor and rich in exercising and executing of my said office. Also, I will not permit or suffer that any woman being in travail shall name any other to be the father of her child than only he who is the right and true father thereof; and that I will not suffer any other body's child to be set, brought, or laid before any woman delivered of child in the place of her natural child, so far forth as I know and understand. Also I will not use any kind of sorcery or incantation in the time of the travail of any woman; and that I will not destroy the child born of any woman, nor cut nor pull off the head thereof, or otherwise dismember or hurt the same, or suffer it to be hurt or dismembered by any manner of way or means. Also, that at the

ministration of the sacrament of baptism in the time of necessity I will use apt and accustomed words of the same sacrament—that is to say, these words following, or the like in effect: *I christen thee in the name of the Father, the Son, and the Holy Ghost*, and none other profane words, and that in such time of necessity, in baptising any infant born, and pouring water upon the head of the same infant, I will use pure and clean water, and not any rose or damask water, or water made of any confection or mixture; and that I will certify the curate of the parish church of every such baptising."

**Holmes on Specialism.**—Oliver Wendell Holmes, the genial "antocrat," thus unburdens himself on specialism (putting the words in the mouth of a young doctor): "I am very glad," he said, "that we have a number of practitioners amongst us who confine themselves to the care of single organs and their functions. I want to be able to consult an oculist who has done nothing but attend to eyes long enough to know all that is known about their diseases and their treatment—skilful enough to be trusted with the manipulation of that delicate and most precious organ. I want an aurist, one who knows all about the ear, and what can be done for the disorders. The maladies of the larynx are very ticklish things to handle, and nobody should be trusted to go behind the epiglottis who has not the tactus eruditus. And so of certain other particular classes of complaints. A great city must have a limited number of experts, each a final authority to be appealed to in cases where the family physician finds himself in doubt. There are operations which no surgeon should be willing to undertake unless he has paid a particular, if not an exclusive attention to the cases demanding such operations. All this I willingly grant; but it must not be supposed that we can return to the methods of the old Egyptians, who, if my memory serves me correctly, had a special physician for every part of the body; in short, falling into certain errors, and incurring certain liabilities. The specialist is much like other people engaged in a lucrative business. He is apt to magnify his calling, and to make much of any symptom which will bring a patient within range of his battery or remedies. I found a case in one of our medical journals a couple of years

ago, which illustrates what I mean. D. ——, of Philadelphia, had a female patient with a crooked nose—deviated septum, if our young scholars like that better. She was suffering from what the doctors call reflex headache. She had been to an oculist, who found that the trouble was her eyes. She went from him to a gynæcologist, who considered her headache was owing to causes for which his speciality had remedies. How many more specialists would have appropriated her if she had gone the rounds of them all I dare not guess; but you remember the siege in which each artisan proposed means of defence, which he himself was ready to furnish. Then a shoemaker said, 'Hang your walls with new boots!' Human nature is the same with the medical specialist as it was ancient cordwainers, and it is, too, possible that a hungry practitioner may be warped by his interest in fastening on a patient who, as he persuades himself, comes under his medical jurisdiction. The specialist has but one fang with which to seize and hold his prey; but that fang is a fearfully long and sharp canine. Being confined to a narrow field of observation and practice, he is apt to give much of his time to curious study, which may be *magnifique*, but is not exactly *la guerre* against the patient's malady. He divides and subdivides and gets many varieties of diseases, in most respects similar. These he quips with new names, and thus we have those terrific nomenclatures which are enough to frighten the medical student, to say nothing of the sufferers staggering under this long catalogue of local infirmities. The 'old fogie' doctor who knows the family tendencies of his patient, who understands his constitution, will often treat him better than the famous specialist who sees him for the first time, and has to guess at many things. The old doctor knows from his previous experience with the same patient and the family to which he belongs. It is a great luxury to practice as a specialist in almost any class of diseases. The special practitioner has his own hours, hardly needs a night bell, can have his residence out of the town in which he exercises his calling, in short lives like a gentleman, while the hard-working general practitioner submits to a servitude more exacting than that of the man who is employed in his stable or kitchen. 'That is the kind of life I have made my mind up to.'

**Association of American Physicians of Berlin.**—About forty American and Canadian physicians held a meeting on February 19, 1891, at Berlin, in order to found a permanent organization such as exists in Paris, London, Edinburgh and Vienna.

Prof. Miller (U. of Pa.) now Professor at the University of Berlin, called especial attention to the fact that such an organization would not only greatly benefit the physicians who remain here for purposes of study, but also that it would call the attention of Germany to the forward tendency of American medical science. He strongly urged the publication of the transactions of the association every year.

Permanent organization was effected, Dr. Judson Daland, of Philadelphia, being elected president, and Dr. F. Weber, of Milwaukee, secretary.

The objects and scope of the society, as set forth in the preamble, are:

1°. The arrangement of medical work and the formation of special private courses, so that any desired instruction may henceforth be obtainable at this University. 2°. The giving of advice to new-comers, regarding instruction, lodgings, books, instruments, etc., etc. 3°. The reading and discussion of papers of general interest, exhibition of patients and demonstration of specimens in all lines of work taken up by members. 4°. The furthering of mutual ends by a more extended acquaintance of the physicians here.

The society, at its first session, listened to an interesting demonstration of specimens of myocarditis segmentaire and of a blood cyst of the aortic valve by Dr. Henry Douglas, New York City. Dr. Weber then demonstrated specimens of blood from leukæmia and pernicious anæmia, and talked of the value of Ehrlich's method of blood-staining. Dr. Daland discussed malaria and relapsing fever of Russia and demonstrated the pathological micro-organisms of these diseases. An interesting discussion of these papers followed, thus alone making the benefit of the association apparent to all.

New-comers and others desiring information will please apply to the Secretary, Dr. Fred. R. Weber, Charité, Berlin.

### Local Medical Matters.

**Small-Pox in St. Louis.**—A small epidemic of small-pox has been observed in St. Louis during the month of March. Unfortunately some of the cases gained admittance to the City Hospital and were the cause of a few more cases developing. It is due to the prompt repressive measures which were taken that the disease did not spread. Every precaution was observed and the limitation of the epidemic has been successful. One case was also observed at the Work-House and effective measures were enforced to stamp out the disease in this institution. The origin of the epidemic can not be accurately determined. It is most probable, however, that the first cases were imported, most probably from the Southwest, as it is a known fact that small-pox has been in Texas for quite some time and quarantine measures have not been so stringent that a case might not come to St. Louis and develop in a very few days after its arrival. There have been no grounds for any alarm, at any time. A serious inconvenience to the medical colleges has been the impossibility of holding clinics at the City Hospital which has been closed against every one.

**Medical College Commencements.**—March is the month for medical college commencements in St. Louis and this year a more than usual number of graduates have been turned out owing to increased attendance and increase in the number of colleges.

THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS was the first one to hold its commencement exercises which took place at Memorial Hall on March 10. The number of graduates amounted to sixty-eight.

THE ST. LOUIS MEDICAL COLLEGE graduated a class of eighteen on March 12, the exercises connected with the presentation of diplomas occurring in Memorial Hall.

THE MARION-SIMS MEDICAL COLLEGE held its commencement at Memorial Hall with a graduating class of thirty-one.

THE BEAUMONT HOSPITAL MEDICAL COLLEGE graduated twenty-one, the exercises being also held at Memorial Hall.

THE MISSOURI MEDICAL COLLEGE held its annual commencement on March 31, the graduating class numbering one hundred and one.

The City Board of Health examined applicants to the position of assistants to the City and Female Hospitals on March 24, last. Who the fortunate ones are, has not yet transpired but will be shortly announced.

### Miscellaneous Notes.

Patient (after receiving his prescription): "Thanks, doctor; God will repay you."

Absent-minded physician (taking out note-book): "Please give me His address."

And Have as Much Fun.—"Why do you live in the country, anyhow?" asked a New Yorker of a suburban friend.

"To save money."

"Is the cost of living less?"

"No, slightly higher."

"Then how do you save?"

"No opera, \$50 a season. No concerts, \$25 a season. No theaters, \$50 a season. No big dinners to friends, \$100 a year. No fun of any kind, \$500 a year."

"Say!" said the city man, seized with an inspiration, "wouldn't you save money if you died?"—*New York Sun*.

The *Medical Times*, New York, writes:

"Chloralamid in Chronic Chorea.—Chronic chorea is now being successfully treated by inducing upon the patient a condition of almost constant sleep for a period of some two weeks, from time to time allowing intervals of consciousness that nourishment may be taken. The hypnotic most recommended is Chloralamid in fifteen-grain doses, and repeated sufficiently often to maintain a constant effect.

Patient: "Doctor, I can't sleep at night. I tumble and toss till morning."

Doctor: "H'm, that's bad. Let me see your tougue. (After diagnosis): Physically you are all right; Perhaps you worry over that bill you've owed me for the past two years.—*Dixie Doctor*.

Febricide is composed of the hydrochlorate of cocaine, the sulphate of quinine and acetanilide combined with the utmost care.

Each pill contains the one-sixth of a grain of the first-named ingredient, and two grains of each of the others.

The pills are made without excipient, and with only coating sufficient to cover the taste, their solubility is almost instantaneous and consequently of great advantage where prompt medication is required.

"Uncle John," said little Emily, "do you know that a baby that was fed on elephant's milk gained twenty pounds in a week?" "Nonsense! Impossible!" exclaimed Uncle John, and then asked: "Whose baby was it?" "It was the elephant's baby," replied little Emily.

**Syr. Hypophos.—Fellows.**—(Dispensed in bottles containing twenty ounces by weight, or about fifteen ounces by measure).

Mr. Fellows takes this opportunity to thank the profession for their increased recognition of his invention.

To the medical gentlemen who have kindly permitted the publication of their testimony in favor of his Hypophosphites, and who, by letter or otherwise, have expressed their disapproval of the fraudulent imitations, he is especially grateful.

With its increasing favor there has been a corresponding increase of imitations, and though this is a compliment in the sense that "only the best things are worth counterfeiting," yet Mr. Fellows would respectfully request the profession to guard against the misleading advertisements and fictitious compounds of notorious imitators.

**Safeguards against Substitution.**—Fellows' Hypophosphites is dispensed in bottles containing fifteen ounces by measure—the address, Fellows & Co., St. John, N. B., blown on—the name, J. I. Fellows, St. John, N. B., in watermark upon the yellow wrapper; it is hermetically corked, and sealed with crimson capping; is heavy, slightly alkaline, has a pleasantly bitter taste, and deposits a flocculent brown precipitate of hypophosphate of manganese when left undisturbed for forty-eight hours.

**NOTE.**—Though this precipitate mars the appearance, its presence has been found imperative to its full remedial effect.

"I'll just tell you what it is," remarked a fat, jolly old soul to her companion as the street car rumbled along, "the doctors kin say what they please, but I know it's just flyin' in the face o' natur' to bring a baby up on a bottle. You know Sally Ann Jimson, what lived next door to us?" "Yes," assented the other. "Well, she tried to bring her baby up on milkman's milk, and it died of water on the brain.—*Philadelphia Record*.

**A. R. De Escara, M. D., Paris, France, says:** With S. H. Kennedy's Extract of *Pinus Canadensis* the results have exceeded my expectations. In three cases of metritis, accompanied by abundant and very viscous secretions, I was able to note the improvement almost at a glance, and in one case the complete cure of these affections by using the pure *pinus canadensis* on hydrophile cotton plugs. In two cases of inveterate leucorrhœa, which resisted various well-chosen remedies, the improvement was truly marvelous; so much so, that I asked myself whether I had not fallen on a lucky combination. This time will decide. From that time I have always recommended the *Pinus Canadensis* in all cases where I thought its action was clearly indicated.

**Hysterical Convulsions.**—In a case of hysterical convulsions occurring two or three times daily, I gave Peacock's Bromides with perfect success. I consider it a fine preparation and will continue to prescribe it when indicated.

R. M. POWERS, M. D.

Lundy's Lane, Pa.

**Insomnia.**—Extract from an article in the *Medical Press and Circular*, by Edward Warren Bey, M. D., C. M., LL. D., D. M. P., Chevalier of the Legion of Honor, 15 Rue Caumartin, Paris.

To those familiar with the use of Bromidia (Battle) no argument is necessary for it speaks for itself, by fulfilling the indications for which it is administered with a certainty, efficiency and harmlessness, which elicit at once the wonder of the patient and the delight of the prescriber, and give to the profession the assurance of possessing one remedy at least which approximates so near to infallibility of action as to justify the title of specific.

**Some Curiosities of Science.**—The important fact is established that the electrical resistance of a mummy is six million ohms. The cranial temperature of the citizens of Colorado is 1° F. higher than that of their less favored eastern brethren. The human race annually absorbs three million pounds nicotin, one drop of which will kill a cat. A Birmingham gentleman carried a pea in his right ear for five years and seven months, when it was successfully removed by a general practitioner.

*Antikamnia Chemical Co., St. Louis, Mo.:*

GENTLEMEN:—The Antikamnia sent me found a suitable case at once. My patient had long been a sufferer from hemicrania, and the pain was never more than partially relieved by caffeine, acetanilid, etc.

Upon the recurring attack, I prescribed Antikamnia, three grains, every two hours. The first dose gave instant relief, to the great satisfaction of both myself and patient, and complete recovery was secured.

I shall hereafter use Antikamnia in preference to all other preparations, for the relief of migraine, sciatica and other nervous diseases. Very respectfully yours,

CHAS. F. FOYE, M. D.

Haverhill, Mass.

Febricide in the dose of one or two pills, three times a day, will be found to be possessed of great curative power in malarial affections of any kind, and in all inflammatory diseases of which fever is an accompaniment. Among the most important of these are: Pleurisy, pneumonia, bronchitis, dysentery and rheumatism. It is also of inestimable value in neuralgia and in those muscular pains to which weak persons of both sexes are liable. For sick headache it appears to be almost a specific. Finally, in all cases in which the powers of the system are in any degree exhausted, Febricide may be relied upon to act as a restorative of the very highest character. It is therefore presented with confidence that it will be found on trial to respond to all the claims which we have set forth in its behalf.

**Nursing Mothers.**—Less force is lost in the conversion of Proteinol into the fat of human milk than in the complex process needed for transforming the nutritive elements of malt liquid. To have good, firm, muscular, rosy-cheeked babies, of good bone development, it is necessary that their mother's milk should be of proper fat standard. Where there is any reason to believe that through hard work, menstruation, leucorrhœa, over-lactation, or any other cause the milk is not up to the standard, especially in fat, the physician should order a tablespoonful of Proteinol one hour after each meal and at bedtime. The value of this agent will be evident by microscopic examination and chemical analysis of the milk.

"Well, Maggie," asked a teacher of a little girl, "how is it you are so late this morning to school?"

"Please, sir," was the reply, "there wis a wee bairn cam' to oor hoose this mornin'."

"Ah," said the teacher, with a smile; "and wasn't your father very pleased with the new baby?"

"No, sir; my father's awa' in Edinburgh, and dinna ken aboot it yet; but it was a guid thing my mither wis at hame; for gin she had been awa', I wadna hae kent what to dae wi' it."

**Popular Faith in Alteratives.**—Since the nature of the action of this class of remedies is, to some extent, as yet undetermined and obscure, they are necessarily prescribed empirically. To this fact is perhaps due the promiscuous use by the public, not infrequently with the endorsement of physicians, of a host of nostrums of no real medicinal value. Many of these have had an enormous sale—indicative not so much of their worth as of the general belief in the necessity for the use of what are popularly termed "blood purifiers." Spring is the season when these are most generally resorted to.

When we consider that there is no condition of disease at some stage of which tonic alteratives are not indicated, it will be appreciated that next to agents such as opium and quinine, the action of which is specific, no class of remedies are more frequently demanded.

Messrs. Parke, Davis & Co. supply, under the name of Syrup Trifolium Compound, an alterative formula containing red clover, stillingia, cascara amarga, burdock root, poke root, prickly ash bark, berberis aquifolium, all valuable vegetable alteratives, either with or without potassium iodide. This has been used by physicians with much success in all conditions requiring alterative treatment.

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## Original Contributions.

SOME POINTS IN THE MANAGEMENT OF COMPLICATED LAPAROTOMIES. By PROF. A. C. BERNAYS, St. Louis.

All operators have recognized that in order to arrive at valuable conclusions in the discussion of operations performed on the abdominal viscera, some distinctions must be drawn, between the different procedures which have been classed under the head of laparotomy or abdominal section. We know that an operation performed on the viscera after the section of the parietes, may be an exceedingly simple one, entirely devoid of danger, or it may have to be classified among the most dangerous of all known operations. We all agree that an exploratory laparotomy, for instance, performed for the purpose of determining the presence or absence of renal calculi in one or both kidneys, is absolutely devoid of danger. The incision in the peritoneum need not be over one inch long, and only one finger need be introduced into the cavity, as a rule, to achieve with certainty the object of the operation. I would much rather have this operation performed on myself than to have an operation done on the palm of my hand for the purpose of extracting a lost needle, the operator and the surroundings being the same in both operations. I made a similar assertion in a medical society eleven years ago, and was laughed at by the older surgeons. At the present writing, I have no fear of contradiction from any experienced operator. It is admitted, therefore, that the mere act of opening the peritoneal cavity, and closing it again with sutures, is an operation which must be classified as one of the

simplest and least dangerous operations in the entire domain of surgery.

On the other hand, there are operations performed in the cavity upon the hollow intestines for gunshot injuries, for perforations, for strangulations, or for pus sacs, which are properly deemed to be the most difficult, technically, and most fatal in their results of all known surgical procedures.

Veit, the gynecologist of Berlin, has attempted to draw a line of division between the operations in the cavity, and divides these into "complicated" and "non-complicated" or "uncomplicated" laparotomies. If I understand him correctly, only those operations are to be counted as complicated, which are accompanied by the escape of virulent germs into the peritoneal cavity.

From a theoretical standpoint, this division seems to me eminently proper, but clinically, its advantages are not at all apparent, because no one has as yet given us a diagnostic method of distinguishing whether or not pus, which we come across during the operation, contains virulent germs or not. Neither our eyes nor our noses can decide this question for us at a moment's notice, so that we can not use this differentiation during the performance of an operation as a guide for our treatment of the case. The use of drainage, for instance, would seem unnecessary if the escaped contents or pus were aseptic or free from pathogenic microbes. Since we can not decide whether the pus or sac-contents contain virulent germs or not, we sometimes use drainage unnecessarily. I am afraid Veit's definition can not become of practical utility in the management of our cases, unless we have a method of determining the presence of virulent germs in a few moments. Staining and mounting a specimen for microscopic examination during the operation might do for some germs, but others are not so easily and quickly found. I have seen a celebrated surgeon wait fully one-half hour for the pathologist to determine the character of a neoplasm of the femur, which had started from the medullary structure. The section was made, sarcoma found, and the exarticulation at the hip joint was done. The naked eye would have left the operator in doubt; without the microscope, the diseased condition would have been taken for chronic periostitis and osteomyelitis. The patient was an old lady about sixty years of age. No doubt

the delay caused by making a pathological diagnosis, was a justifiable action, and the operation was finished with a full understanding of the disease.

Does Veit contemplate a combination of the bacteriological laboratory and surgical operating theater? In the present state of our knowledge, this would hardly appear feasible, and I think he did not contemplate it seriously.

I conclude, therefore, that Veit's division of laparotomies into uncomplicated or simple, and complicated cases, is only of relative accuracy. But, not having a better classification to advance, I have headed my article according to his nomenclature, and, although imperfect, it must be recognized as a step in the right direction.

The complications\* which may arise during an operation on the abdominal viscera may be considered under two heads:

1. Accidental or necessary lacerations and lesions of: (*a*) the alimentary tract; (*b*) of the urinary organs and passages; (*c*) of the biliary ducts or vessels.

2. Accidental or unavoidable rupture of abscess, or of degenerated neoplasms, with escape of contents into the peritoneal cavity.

For the sake of clearness, we will assume that the complication in both instances is a true one in the sense of Veit, namely, containing virulent germs. We might disregard the consideration of the complications under *b* and *c*, because it is nearly certain that the urine and the bile do not contain virulent germs in their normal conditions. But an injury to the urinary bladder or the ureter, or to the gall-bladder or the bile ducts, will require treatment which must be prompt and efficient. The principles which govern our treatment of these injuries are well understood. We will repair the injury, if possible, by suture or ligature in such a manner that the cavity will be secure from a leakage into it from the injured viscus, and may be immediately closed. Should this prove impossible, then we must establish a direct or an indirect passage way for the urine or the bile, in such a manner that the general cavity does not become the receptacle of the excreted fluids. The passage way may be a long one or it may be a short one. The shorter it can be made, the better

\* Under Veit's definition, dangers arising from constitutional vices, from hemorrhage, shock, etc., are excluded, and will not be considered in this essay.

will be the results. If the injured viscus can be directly attached to the abdominal parietes, so that the excretion will be directly thrown outside of the body, this method will be preferable to the introduction of a long intra-abdominal drainage tube or wick. In other words, the formation of a urinary or biliary fistula may become necessary.

The same principles govern our treatment of gut injuries, and unless a very secure intestinal suture can be made, the immediate formation of an artificial anus seems to me the most commendable method. Intestinal injuries are of much greater dignity, so far as danger from septic infection is concerned, than those of the urinary or bile passages, because it is very probable that the intestinal contents at all times contain virulent germs of some kind. I do not mean to convey the idea that these germs are always of the well-known specific (pathogenic) varieties, but I have noticed that intestinal perforations, as for instance in appendicitis, nearly always are accompanied by high temperatures and the rapid formation of pus—in fact, by symptoms of acute sepsis. In every case of intestinal perforation, where I have examined the pus, it has contained streptococci.

I have had occasion recently to operate upon three cases of intestinal fistula, the result of laparotomies performed for pyosalpinx. I am led to believe that this accident is quite a common one in operations for pyosalpinx and ovarian abscess. The three cases came to me in the short space of two months; the operations had been performed by operators who have had some experience in abdominal work.† I found that in the one case, where the tear in the gut was immediately attached to the parietes, the operation of the fistula, or artificial anus, as it were, was much easier than in another case, where the tear was in the sigmoid flexure and a tortuous sinus over five inches long led from the fistula in the linea alba through agglutinated adherent intestines and omentum down to the injured gut, which was fastened to the sacrum by fibrous adhesions. In this case, I made inguinal colotomy as a palliative measure, and the unfortunate patient greatly prefers her

† I believe that this accident (rupture of the gut, during the separation of adhesions around a pus tube or pelvic abscess) is so frequent and unavoidable a complication, in laparotomy for pyosalpinx, that it should be placed in the scale as a weighty argument against the abdominal method of treating abscesses of the tubes and ovaries.

present condition to her former one. We will make another attempt, however, to restore the continuity of gut after a few months of rest have been given; in the meantime, we hope nature may do a great deal toward repairing the existing lesions.

In a case of intra-abdominal myoma of the rectum, reported by Senn, in the *Weekly Medical Review*, March 21, 1891, he tore a hole about the size and shape of an almond kernel into the anterior wall of the rectum, just above the deepest point of Douglass' sac. In this case, it was of course impossible on account of the deep location of the rectum to pull the rent in the gut up to the abdominal parietes, and establish an artificial anus. Senn treated the complication in the following manner:

"Upon examination of the torn surface of the tumor, I found attached to it a strip of mucous membrane, somewhat oblong in shape, about half an inch in length and one-third of an inch in width. The escape of fæces left no doubt that some part of the large intestine had been injured, but some doubt existed as to the exact location of the wound. Rectal insufflation of air demonstrated, that the opening existed at the floor of the pelvis, at a point over the middle of the rectum, where the peritoneum is reflected forward over the bladder. A large soft rubber tube was now inserted into the rectum as far as the sigmoid flexure of the colon, and over this, after careful disinfection of the parts, which had been contaminated with fæces, the opening in the rectum was closed with a number of Lembert sutures. This part of the operation was exceedingly difficult and somewhat unsatisfactory, on account of the deep location of the visceral wound. After another careful toilette of the pelvic cavity, a large Keith's glass drain, surrounded by several layers of iodoform gauze, was inserted in such a manner that its distal end corresponded exactly with the sutured rectal wound.

\* \* \* \* \*

"A laxative was administered on the third day, and after the bowels had moved freely, the glass drain was removed, and a small quantity of fluid fæces escaped. The tubular wound was gently washed out by irrigation with a solution of boracic acid and the drain re-inserted. The external wound healed without suppuration, and all of the sutures were re-

moved at the end of the first week. Six days after the operation the glass tube was removed, and drainage secured by the insertion down to the rectal wound of strips of iodoform gauze. The faecal fistula closed completely and permanently two weeks after the operation; after which the drainage opening closed rapidly by granulation and cicatrization."

The result in this case, when Senn reported it, was satisfactory and perfect. It remains to be seen whether it will be permanent or not. The method of drainage employed was a good one, and where an artificial anus can not be made, I would employ it, or some other modification of the Miculicz and Sänger methods. Senn packed gauze around the outside of the Keith glass tube, while I have been in the habit of packing the gauze inside and through the glass tube, so as to let a portion project at the lower end of the tube, in the most dependent part of the cavity to be drained. I may say that I have never had to regret the use of this method of drainage in cases where I felt the necessity of using a drain at all.

In those cases of complicated laparotomies, which come under the second head, escape of pus or putrid contents of degenerated neoplasms into the abdominal cavity, I would recommend the following methods of treatment:

1°. Avoid flushing the abdominal cavity with either anti-septic or aseptic fluids.

2°. Use dry or nearly dry sponges or pieces of gauze for wiping, cleansing, or sponging away undesirable material that may have escaped into the cavity or upon the edges of the wound.

3°. Abandon the procedure which is called the toilet of the abdominal cavity, because it does more harm than good. Avoid all prolapse of the intestines by means of the Trendelenburg method of elevating the pelvis. Restrict the introduction of sponges, fingers, instruments, etc., into the cavity to the utmost degree of necessity.

The peritoneum is able to "get away with" or render innocuous much more of the dreaded débris that may soil it, than has heretofore been thought possible. I consider meddlesome and pedantic intraperitoneal manipulation among the greatest dangers of laparotomy.

4°. As to the question of drainage, a precise rule of action can not yet be given. I would recommend its restriction as

much as possible on account of the dangers of secondary or late infection, which are always associated with the management of abdominal drainage, even with good nurses.

The notion that it is possible to drain the whole abdominal cavity is absurd, and it is equally absurd to suppose that every part of the abdominal cavity can be reached by flushing or irrigation.

Drainage can, therefore, only be useful when it is used to evacuate and keep dry a small and limited portion of the cavity. I believe that the chief benefit to be derived from the use of the drainage tube, consists in its facilitating the removal of a certain amount of exudation, which will frequently be found to form at and around the locality of an operation, for instance, around the pedicle. The unaided peritoneum is, however, in most cases, able to remove by absorption these exudations and secretions of serum. The drainage may act as a sort of safety valve, in certain cases where the possibility exists that the peritoneum could not master the abnormally great secretion.

Finally, drainage may in some cases be a useful measure, when it is practiced with a view to achieving hæmostasis, or when it is used as a sort of tamponade. Gauze or wicks being pressed through large-sized glass tubes upon oozing or bleeding surfaces are sometimes very useful in excessive capillary or venous bleeding. I have seen excellent results follow the use of this kind of combined drainage and tamponade, but would warn against the free use of this method, because the peritoneum can drink up a large quantity of blood in a most astonishingly short time.

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TETANY.\* By E. H. SMALL, M. D., Pittsburg, Pa.

On November 29, 1890, I was called to see M. B., a fat, healthy-looking, breast-fed baby boy, aged eleven months. His hands and feet were much swollen, œdematosus, and of a cyanotic tinge. His mother said that they had been "spotted," i. e., ecchymotic, before I had come. The fingers were strongly flexed at the metacarpal phalangeal joints, while the phalangeal joints were as strongly extended. The thumbs were adducted and flexed. The feet were extended at the ankles as in talipes equinus, while the toes were strongly flexed. At-

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\*Read before the Allegheny County Medical Society, March 17, 1891.

tempts to straighten out these contractions caused great pain. The mother said that at first the child cried a good deal and that his hands and feet were tender and painful. So much were the hands and feet, particularly the dorsal surface, swollen, that I suspected nephritis. The urine, however, contained no albumen. The child had always been strong and healthy, having had no other sickness.

Two days before Thanksgiving, the child had been given some turkey and cranberries to eat, which had caused indigestion. When I called he had had no satisfactory movement of the bowels for some time. I gave him two one-half grain doses of calomel one hour apart, and twenty drops of the elixir of bromide of potassium four times daily, and told the mother to rub his hands and feet with alcohol and water. The next day he was much better. I directed hot fomentations to be applied to the hands and feet instead of the rubbing with alcohol and water. In a week the child was about as well as usual.

Four weeks before his gums had been scored by another doctor. A few days before my visit, the two first teeth had appeared, *i. e.*, at eleven months. The anterior fontanel was larger than normal for his age, and the costo chondral articulations were rather more prominent than normal. He has an older brother and sister who are perfectly healthy.

When I first saw this case, I thought it to be one of tetany, and its course and termination have proved it to have been such. I have never before seen this disease in a child, but had seen one case in Vienna in a pregnant woman.

Although this disease has doubtless always existed, and although it was described as far back as 1831 by a Frenchman, M. Dance, as occurring in an adult, and in 1832 by another Frenchman, M. Tonnelé, as a new convulsive disease of childhood, yet it is but seldom mentioned in the more common medical text-books. The name tetany was first given it by Dr. Corvisart, in 1851. Dunglison's Dictionary, 1874, speaks of "Tetanilla" diminutive of tetanus, saying that this disease is also called tetany.

Dr. Smith, of New York, defines it as "a disease in which there is a tonic contraction of the muscles, commonly those of the extremities, but sometimes also those of the face or trunk, produced by causes external to the nervous system, and usually

of temporary duration." This definition shuts out true muscular contractions arising from disease of the brain or spinal cord, in which the contractions are both but a symptom, and not the disease itself. Henoch describes it under the name of "Idiopathischen Contracturen" and regards it as a kind of abortive form of convulsions. Dr. Cheadle, of London, says, "Laryngismus, tetany and general convulsions are the positive, comparative and superlative of the convulsive state in childhood."

*Causes.*—Cases are recorded between the ages of six months and sixty-one years. Most cases occur in infancy and childhood; more in males than in females. The most common cause seems to be disorders of the digestive system, as diarrhoea, habitual constipation, worms, and dentition. Charles Warrington Earle, of Chicago, gives a case of a healthy girl two and one-half years old, in whom tetany occurred on the day after she had eaten heartily of fried potatoes. Perhaps my case was caused by the turkey and cranberry sauce of Thanksgiving, two days before.

It may arise in persons who are in poor health from other diseases, as pneumonia, bronchitis, cholera, typhoid fever and dysentery. Exposure to wet and cold has seemed to cause it. Hence some think it a rheumatic affection. Erb says: "Many physicians have regarded it as an exquisite example of rheumatic disease." In adults, commencing puberty, pregnancy, as in the case I saw in Vienna, and nursing, may cause it. Rachitis is also regarded as a cause, which may hold in my case, on account of the delayed dentition, large size of fontanel and enlarged articulations.

*Symptoms.*—In patients old enough to describe their symptoms, tetany begins with pain in the head and an uneasy, tingling, burning sensation in the limbs. In children, the objective symptoms are those first noticed. The peculiar shape of the hands and feet, their rigidity, and pain on pressure are the commonest symptoms. Generally the fingers and toes are flexed on the palms and soles, occasionally extended. At times the joints of the hands and feet are also affected, or the elbow-joint—so that the fore-arm appears flexed upon the humerus, the hands upon the fore-arm, and the foot upwards, or else towards the sole. The thighs may be abducted, or flexed, the legs extended or flexed, and

the feet extended as in talipes equinus. The contractions are always bilateral and symmetrical. Attempts to straighten out the contractions cause pain. Edema, with a cyanotic tinge of the back of the hands and feet and occasionally ecchymoses, produced according to Henoch, by the pressure of the contracted muscles on the intermuscular veins, is oftentimes present. In severe cases the muscles of the trunk and head may be affected, but this is rare in children. Troussseau's sign—compression of the artery and nerve supplying the contracted muscles increasing the contractions—can be sometimes observed. The electrical excitability of the nerve supplying the affected muscles is increased, as is also the patellar reflex.

*Diagnosis.*—This may be made out by the peculiar grouping of the symptoms, the characteristic position of the extremities and the absence of cerebral and general disturbances. Tetanus neonatorum and organic disease of the brain and spinal cord are the principal diseases with which it may be confounded. Tetanus generally occurs within a few days after birth, almost never after the first month; tetany is very rare under the age of one month. In tetanus the muscles of mastication are early affected, in tetany the contractions begin in the extremities, and the muscles of mastication are never, or only in the last stages, affected. In tetanus the symptoms tend rapidly to become worse and worse, generally ending in death; in tetany as a rule, the child is soon well. Tetanus is in some way connected with injury to the umbilicus, or umbilical cord; in tetany, trauma has nothing to do with the case. In organic diseases of the brain the contractions are usually limited to one side, with other symptoms of brain involvement; in tetany the contractions are bi-lateral.

*Prognosis.*—In children, tetany, when uncomplicated by grave disease causing it, almost always ends in recovery, though it may recur. The duration is from a few days to several weeks or months—indefinite.

*Pathology.*—Since tetany in children is so rarely fatal, and then usually from the complicating or causative disease, but few autopsies have been made, and in these no lesions have been found which seem to bear a causal relation to the disease. Herz says that clinical phenomena indicate that the disease is due to anæmia of the cord.

*Treatment.*—When the cause is known, especially when from diseases of the digestive system, its removal will soon be followed by the disappearance of the disease. Bromide of potassium in doses according to age should be used. Chloral and calabar bean are recommended. Envelope the hands and feet in hot fomentations; or use massage with alcohol and water. A child of fifteen months recovered in one week on one-fourth grain zinc sulphate and  $\frac{1}{12}$  grain atropia sulphate, thrice daily. This is all that is necessary in children. In adults, canabis indica and morphia hypodermically have been used with good results.

### Clinical Reports.

SURGICAL CLINIC OF BEAUMONT HOSPITAL MEDICAL COLLEGE,  
For January and February, 1891. WALDO BRIGGS,  
M. D., Professor of Clinical Surgery and Genito-Urinary  
Surgery, in charge. Reported by L. LAWSON LEMOINE,  
M. D., Assistant.

Among the number of cases operated upon at the surgical clinic during the months of January and February last, the following synopsis may prove of value to the profession :

CASE I.—SCROFULOUS NECROSIS OF WRIST-JOINT INDUCED BY A FALL:—John M., Carondelet, a robust mulatto, thirty years of age, injured his hand two years since by a fall upon the ice. Scrofulous abscesses on the dorsal surface of wrist, followed immediately and in consequence of these breaking down, large fistulous tracts resulted.

On introduction of the probe, necrosed bone was detected in all directions. A double incision was made longitudinally on the dorsum from the lower end of ulna and radius, to the metacarpal bone of the index finger. All the bones of the wrist and head of metacarpal were necrosed. These were incised, the wound dressed, and immobilized in straight wooden splint on palmar surface. The patient has fairly good use of hand at present writing.

CASE II.—TALIPES EQUINO-VARUS, CONGENITAL, INVOLVING BOTH FEET:—A. B., aged four and a half years. In this case the tendo-achilles and the tendon of the tibialis anticus and posticus were cut above their point of insertion and the parts were immobilized in proper position by plaster of paris band-

ages. This dressing was removed in six days. Subsequent treatment consisted in the application of Sayre's shoe to each foot, and the patient has steadily progressed toward perfect use of both feet.

**CASES III. and IV.—MEDIO-BILATERAL LITHOTOMY FOR CALCULUS:**—Mr. J., native of Missouri, aged forty, had for some years past, occasionally passed uric acid calculi. The medio-bilateral operation for lithotomy resulted in removal of an uric acid calculus weighing six hundred grains. In fourteen days the patient went home entirely recovered from the operation.

Mr. H., American, resident at Ironton, Mo. Case similar to above. The uric acid calculus taken away weighed nearly one ounce. A pelvic abscess formed on the right side of incision and finally opened spontaneously into the perineal incision. The latter was enlarged and drained. Recovery was rapid and complete.

**CASE V.—PLASTIC OPERATION FOR FORMATION OF WING OF NARES AND UPPER LIP:**—Mr. B., native of Illinois, aged thirty. Patient presented partial loss of upper lip and wing of left nares, the result of salivation in childhood. A plastic operation for the relief of the deformity, was commenced by making an oblique dissection of the skin from the end of the septum to the middle of right half of the upper lip, and bringing the new surface even to the left, which was also carefully dissected and the part stretched over to the point of union with the opposite side.

A flap, somewhat shovel shaped with the pedicle left downward to the left, was then made on the left superior maxillary, and the large, free end brought down until the lower border met the flaps previously made for the upper lips, when the edges were freshened and the parts carefully stitched.

The deformity is entirely remedied, the linear scars being entirely concealed by the patients mustache.

**CASE VI.—PLASTIC OPERATION FOR RESTORING LOWER RIGHT EYE-LID:**—Mr. B., of Greenfield, Ill. In this case the lid from the inner canthus to the middle of the lid had been destroyed by epithelioma. After removal of tumor a flap was taken from the right superior maxillary, extending to the molar, twisted up and stitched to place. The skin to the right of

the flap was dissected up and drawn over the fresh wound and stitched. The only evidence of the former deformity at present is a slight curved scar.

**CASE VII.—ADENOMA OF THE NECK:**—Girl, nine years old. This tumor involved the blood vessels on the left side to which it was tightly attached. It was enucleated and the great portion of the sac ligated and cut off. No bad result followed the operation, recovery being rapid.

**CASES VIII and IX.—HYDROCELE OF CORD FROM TRAUMATISM:**—M. S., Gasconade County, Mo.; vaginal hydrocele, very large extending past middle of thigh. History of gonorrhœa.

Both of these cases were operated upon by the Volckmann method and both recovered rapidly.

**CASE X.—ENORMOUS DOUBLE HYDROCELE:**—In this case the patient, in consequence of suggestions previously made by parties with whom consultations had been held, insisted on the injection of free iodine in the hope of procuring absorption in this manner. As it was desirable that the class should see this method, iodine was injected. No results followed, and later the patient was operated upon. The operation consisted in opening one sac, evacuation and packing. In two weeks the remaining sac was treated in the same manner. Early convalescence and complete recovery followed.

**CASE XI.—LITHOLAPAXY; REMOVAL OF PHOSPHATIC CALCULUS:**—J. A. O., American, teamster, aged forty-three years, in excellent general health. The patient commenced to be annoyed some time ago with a frequency of micturition. It was noted first after having contracted gonorrhœa some three years since. On examination the patient was found to be suffering from chronic cystitis, the urine being heavily charged with a muco-purulent discharge, which pointed unmistakably to calculus. The sound detected a stone of considerable size, and examination of solid residue from urine pointed to its phosphatic origin. Litholapaxy was determined upon and performed. The stone yielded easily to the instrument and the detritus was removed by the Brinton evacuator. Considerable urethritis followed the operation, with a rise of temperature to 104° F., the pyrexia continuing for five or six

days. Great pain and frequency in passing the urine also continued for several days. Antipyrin in five-grain doses every two hours to control febrile symptoms while the local symptoms were combated with opium suppositories and bran poultices over the pubis. Recovery was complete.

**CASE XII.—FRACTURE OF SKULL, MULTIPLE BODILY INJURIES, TREPHINATION, RECOVERY:**—H. S. German, middle age, height six feet and two inches, weight one hundred and ninety pounds, of powerful physique. The patient had been for several years a periodic "spreeer" and while under the influence of liquor had jumped out of a third story window and fallen head foremost on a concrete pavement. He was brought to the hospital in an unconscious condition. Examination discovered a deep compound fracture of the anterior inferior angle of the parietal bone, fracture of the olecranon process, and dislocation of the right hip-joint. The patient was comatose and breathing stertorously, and there was considerable arterial haemorrhage from the site of the wound on the head. The reduction of the hip-joint was made easily and rapidly. The trephine was then applied over and a little back of the site of the injury to the parietal and fragments removed. A small vessel was found spouting and was ligated. There was no injury (except contusion) to the dura mater.

On close examination of the olecranon it was found by action of the triceps it had been turned almost completely over. The rough surface of a fragment was pressing against the skin almost perforating the latter. The fragment was with considerable difficulty placed in its normal position and the Hamilton straight splint applied. At this date there is complete recovery, with closure of the wound at site of injury to the skull. There is a firm bony union of the fractured process, with comparatively free movement of the arm. The hip-joint gives no trouble whatever and in fact we have made a sound man out of about as badly a broken up specimen as one usually runs across.

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A Department for teaching the science and practice of invalid cooking has been organized in the Johns Hopkins Hospital Training School for Nurses, under Miss Hampton, the Superintendent.

**A CASE OF HYDROPHOBIA.** BY C. W. WATTS, M. D., Mexico,  
Mo.

It was my misfortune to treat a case of hydrophobia not long since in this city. Wm. G., aged thirty-eight years, a daily laborer, was taken on Friday, March 20th, at noon, (while eating his dinner) with an aversion to fluids. He could eat dry foods, but could not swallow any fluid. I was first called to see him at two A. M., Sunday March 22, and found him sitting up in bed, complaining of "rheumatism gotten into his heart." His pulse was irregular and slow, and his temperature subnormal. He had clonic spasms, and spasmodic action of the muscles of respiration and of deglutition every time any fluid was presented to him. He was peculiarly susceptible to currents of air, or noises. He could eat solids and take medicines in capsules, but no fluids. He was constantly spitting up mouthfuls of tenaceous sputa and was very restless. He would not allow any one to approach him in front. He would scream out if you left a door or window open. On Sunday evening March 22 last, Dr. Baskett and myself pronounced it hydrophobia, though the only exposure he had experienced was, when he drove a horse who died of hydrophobia, or rather the horse was killed, to a carriage twenty months ago. The horse did not bite him. Twenty-five years ago he was reported bitten by a small house dog. Whether he was or not is, to say the least, doubtful. These were his only possible exposures known.

As he had not slept any since Friday we gave him a hypodermic injection of one-third grain sulphate of morphia at intervals of four hours, which only quieted him but produced no sleep. He continued to grow worse, and Monday we gave him injections of water. On Monday he ate his meal, consisting of fried oysters, crackers, etc., and begged for fluids; but every attempt to drink was attended with spasms of the respiratory muscles, and he would spring up crying, "I can't get my breath."

On Tuesday, March 24 the poor fellow grew worse. Hypodermic injections did him no good, and he became delirious got loose from his guards and ran up in town. He was captured and brought back at two p. m. We gave him capsules of chloral hydrate, bromide of potassium and sulphate of morphia and confined him in bed with cords. On Wednesday

March 25 at seven A. M. he died from exhaustion. The carpet in his room was covered with the sputa from *his mouth*. There was profuse salivation; the foam seemed to strangle him to death. He died, as we believe a mad dog would die, if allowed to die from the disease. Oh what a *fearful scene*. One we shall never forget. It was our first and we sincerely hope will prove to be our last case of that very fearful and incurable disease, "hydrophobia."

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### Correspondence.

#### DOCTORS AS DRUGGISTS.

##### Editors ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

In each of your February and April numbers there appears an article referring to Doctors and Druggists, and Mr. F. W. Sennewald in particular, which deserves really more than passing notice, since the animus is plain, and an efficient State officer receives abuse for being such.

I hope the gentlemen penned those articles on the "spur of the moment," and will be pardoned for their vituperation.

The better class of either profession (Doctors of Medicine and Pharmacists) have long recognized that either is a profession for itself and offers an ample sphere to engage one person's whole attention.

There are some who may have acquired the initiative knowledge of *both*, but find *one* or the other ample, to practice scientifically, and keep "dressed to the front." But for any one who may be so "broad gauged," that he can practice *both*, this State law certainly affords no obstacle! Nor the officer representing the State.

If the aspirant for Pharmaceutical practice feels confident, why should he dread the examination? Why should a righteous, respectable, citizen desire to shirk an equitable law? As to thereby offending or humiliating the medical profession or any faculty of a Medical College; the faculties of his State's best Medical Colleges, do not claim nor certify to graduate Pharmacists. They are pleased if they (in the limited time allotted them), succeed in teaching physiological *materia medica*, and the fundamental principles of pharmacy. One of the foremost teachers of chemistry, in a medical col-

lege, till recently also teacher of chemistry in a pharmaceutical college, will not claim that he taught the same chemistry in each of the two institutions.

The same applies to a teacher in pharmacy occupying the same relative position; he did not teach the same in the two different institutions. The very text books required by the two show the material difference.

As to a graduate in medicine compounding, his own prescriptions, the law leniently gives him the privilege, when I say leniently I refer to an instance in consultation directing "amonium bromidum," a graduate asked: "is it a liquid?"

Another ordered, ergotine fifteen grains divided into ten powders each, to be wrapped in paper. As to the proposition of D. M. B.: "That a physician is not qualified to handle as a merchant, the same drugs which as a practitioner he prescribes." There is no objection to it, but that is not practicing pharmacy nor is such a vender, a pharmacist.

Colleague Bridgford. "It is laughable that Mr. S. will admit that a doctor is qualified to prescribe, but not compound." A disability of an architect to handle the adze does not detract from his qualifications as a designer.

"Although the majority of the medical profession have not attended a college of pharmacy, yet few would not know more than to put tinct. of gentian and tinct. of chloride of iron together." Had he attended a pharmaceutical college he would know that it is very admissible; he would have learned that gentian is one of the vegetables that contain no tannin.

It behooves educated men to be just, and in justice. The State law requires more hours of study of pharmacists before they can graduate, than any medical college requires of its graduates. It would be unjust to some of them to say that they waste all their time and yet be allowed by the faculty of the pharmaceutical college to graduate.

As to the unjust practice, of the pharmacist, of "counter prescribing" it is certainly contemptible, and is only paralleled by the assumption of an M. D., to practice Pharmacy; and both ought to be condemned in every possible manner.  
3332 N. 14th Street, St. Louis. PHIL SHOLZ, M. D.

[May,

## Editorial Department.

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### THE DECLINE OF THERAPEUTICS.

It would almost seem that, from a medical point of view, the *fin de siècle* is unbridled surgery. There seems to have sprung up in late years a furor chirurgica which nothing will abate. It is no longer a question as to how the patient can be cured, but how soon can an operation be secured. Laparotomies are as common as bleeding was in the "good old days," and the older members of the profession simply stand aghast when they contemplate the crop of young surgeons which has suddenly developed.

Let it be understood that it is far from us to desire to belittle surgeons, their chosen field, or their work. There can be no doubt, whatever, that surgery has been the means of not only prolonging but of saving thousands of lives. The boldness and success of modern surgery has proved a revelation and has opened up fields of usefulness not dreamed of before.

Despite all this, however, modern surgery is iconoclastic. It would seek to destroy that abiding faith in remedies which has proven so valuable in the hands of the physician. The surgeon pooh-poohs medicines, as being of no value and as exercising but little influence upon disease. Lesions which are amenable to the use of remedies are promptly and rapidly removed by the surgeon. He makes short work of what it takes the therapist prolonged periods of time to remove.

That this modern tendency is far from being overdrawn

he who runs may read. A perusal of the proceedings of medical societies will plainly show that therapeutics has fallen in the background. The unlucky member who dares read a paper upon some therapeutical topic is looked upon as a bore, while the most ordinary pathological specimen illustrating the most simple surgical operation is eagerly taken up, discussed, and commented upon.

We are not surprised at this. Surgery possesses a certain glitter which is in the highest degree attractive. Therapeutics is as dry as a bone ; and yet it is necessary. For, the surgeons to the contrary notwithstanding, one of the most valuable adjuvants of surgery is therapeutics. This is true because remedies do act ; because medicines produce results not attainable by surgical procedures ; because effects are certain to a great extent. Yet, despite all this, while it is true that work of a high order of merit is being continually done in therapeutics, it is not trumpeted abroad nor does it fill the columns of the newspapers, like the ordinary operations. Must a man cut in order to make a reputation as a medical man ? It would almost seem so.

We do not wish to continue the subject although much might be said upon it. What we want to see is more therapeutics in our medical societies, more attention paid to a subject which combines interest with difficulty. A subject which presents some of the most intricate problems of modern medicine. A subject whose proper appreciation requires not only a high order of talent, but a thorough knowledge of the principles governing pathology, histology, chemistry, etc.

Less drugging and more rational therapeutics is the cry of modern progress and this can only be obtained by the thorough discussion of the experimental and clinical results of those who have rationally exhibited therapeutics.

#### EDITORIAL NOTES.

PAUPERISATION BY HOSPITALS seems to be a growing evil in England. The *Provincial Medical Journal* says in reference to this that "Beating the Record" is the title of a paragraph in the *Charity Record*, in which it is announced that at the Middlesex Hospital 41,000 patients were relieved during last year. This is the kind of competition which would seem to be encouraged : increase the number of patients, so that when an appeal is made to the public the hospital will be able to

show large figures. Donors or subscribers are asked to give to the hospitals which can show the largest list. The bait is simple, and the pauperisation by the hospitals will continue unabated so long as this unhealthy spirit of competition exists. The smaller hospitals who may be doing a vast amount of useful work have no chance of competition with hospitals which number their patients by tens of thousands.

THE NEGLECTED CODE leads Dr. W. C. Chapman to make the following remarks in *Progress*: The recognized code of medical ethics, although not entirely satisfactory, has proven worthy of and occupied a prominent place in medical organization, and is still worthy of the highest regard. Instead of discarding it, it might be well to study its imperfections and strengthen its points of weakness. Careful study will reveal the fact that this can be done by very slight alterations. Now, more than at any previous time, is there need of a spirit of fellowship and an elevated and well-understood code of ethics among medical men. Eclectics and homœopaths delight in harping on what they choose to call "the defunct code." It would afford them a great deal of satisfaction to have it thrown into entire oblivion, for the reason that misery loves company. Then will regular medicine have taken a step downward toward eclecticism homeopathy. Already have men grasped the higher round of regular medicine and stood upon the plane of homœopathy, in which position they were at last accounts.

Let honorable medical men, men who love their profession for the glory there is in it, and they are legion, make one more united effort to establish and keep before the eyes of the profession a well-understood code, and medicine, with its rapid advances of the past decade, will, in the eyes of the world, soar far above any claims made for it at the present time.

AMATEUR PRESCRIBING is a favorite amusement with the many, and if they were the only ones hurt it would matter but little, but it is the other fools who generally suffer. The *Hospital Gazette* says that acid nitrate of mercury is, doubtless, a useful external application in certain cutaneous disorders, but it is hardly the sort of thing to smear over one's body as a cure for scabies. Acting on the advice of an unlearned fel-

low-laborer, however, three country yokels last week purchased some quicksilver and some nitric acid, and, having mixed the two, anointed their itching skins, with the result that the coroner has had to inquire into the cause of death of two of them, while the third is simply "hanging fire." The chemist who sold the materials came in for some censorious observations, but he does not seem to have infringed even the spirit of the law. Nitric acid is an article in common use in the arts, and quicksilver is not itself poisonous. Another time, however, perhaps he will take the trouble to inquire what such thing are wanted for. Had he done so in this case he would have saved two, if not three, unhappy men from an agonizing death.

HIGH TEMPERATURES have been recorded but Dr. Galbraith, of Omaha, reports an extraordinary case, in which the temperature of a lady with a slow pulse rose at times to 151° F., requiring the construction of new thermometers to register the phenomenon. We do not wish to question the accuracy of the statement and leave it to our readers who may accept the following from a correspondent of the *Journal of the American Medical Association*: The case is the reverse of Longfellow's "Excelsior." Dr. Holland said of it that it sounded like the truth but it was a lie. This on the other hand, sounds like a lie, but it's the truth; not a bit of doubt about it. Perhaps some doubting medical Thomases will even ridicule this humble attempt at the Doctor's defense. No matter. Let the heathen rage and the women siss. Science will be vindicated in the end. A medical book agent once approached a neighbor of mine to sell him the latest thing out in surgery. "No," said the Doctor, "I've no time to read it. I already have 10,000 volumes in my medical library, and besides I have to ride twelve miles every day to catheterize a lady from whose bladder I draw ten gallons of water every twenty-four hours." The agent was a layman. He couldn't understand it. He was dumbfounded at the Doctor's solemn asseveration of a scientific fact, and pronounced him "the monumental liar of America." The Doctor not having a string of titles to his name, the agent thought he had no license to lie like that. But the ignorant fellow simply didn't know. That's one great advantage the trained physician has. He can take in the most astonishing revelations of science without wincing.

### Microscopy.

**The American Society of Microscopists.**—This association, now in the thirteenth year of its existence will hold its fourteenth annual meeting in Washington, D. C., August 10, and continue in session five days. Its roll of active members contains about three hundred and fifty names, embracing very nearly every person in the United States who is at all prominent as a microscopist. Its membership consists of two distinct classes, viz.; professional men and students of the natural sciences, who use the microscope in their daily avocations as an instrument of research, diagnosis, or precision; and amateurs, or those who find pleasure and profit in the revelations of the instrument. Many of the latter class, from having early chosen special lines of study and investigation, have acquired high reputations in their respective departments of microscopical research. In its earlier years this class predominated in the membership of the society, but at present the professional element is largely in excess.

The qualifications for membership are very simple. The applicant must be a respectable person socially, and interested in the use of the microscope.

The advantages of membership are dual in their nature, *i. e.*, general and social, or those which accrue to the individual from association with others engaged or interested in the same pursuits in any and all walks of life; and special, in that the meetings of the society are to a certain extent educational in their nature. In the "Working Sessions" experts in every department of microscopical technology are engaged in giving manual demonstrations of the details of their lines of work; in the informal evening "conversaziones" the room of every worker who has anything special to exhibit or demonstrate, is open for the reception of all those who wish to witness the demonstration; finally the soirée affords an opportunity of displaying for the benefit of the members, as well as the public generally, all that is most beautiful, interesting and instructive in the cabinets or laboratories of the exhibitors. Of late years the soirées have been attended by

many thousands of visitors in every city in which the society has met, and have been regarded as distinguished social as well as scientific events.

The dues are trifling; only \$2.00 per annum, and in return the member gets a volume of the Annual Proceedings which costs very nearly this amount. These proceedings are elegantly and profusely illustrated with photo-engravings, autotypes, chromoliths and wood engravings, done in the highest style of art. There is scarcely a subject in the whole range of microscopical work, upon which information may not be found by reference to the indexes of these volumes, and collectively they form a library of microscopy full of invaluable matter to the student and worker.

The railroads have of late years extended excursion or convention rates to and from the places of meeting and, although no arrangements have as yet been definitely made, we can assure our readers that the Washington meeting will be no exception to the rule. Indeed, it is probable, from the fact of the meeting of the American Association for the Advancement of Science in Washington only three days after our adjournment that a more than usually advantageous arrangement may be obtained.

The museums and libraries, as well as the many other objects of interest of the National Capital and its surroundings, will be open to the visits of the members, and special facilities for seeing them will be accorded.

Special hotel rates will also be secured. An announcement of the railway fares, hotel rates, etc., will be made hereafter.

In view of the facts related and from assurances that we have already received we are justified in saying that there will be present the largest number of old members of the society ever in attendance at an annual meeting.

We invite and urge upon all persons, professional or amateur, interested in microscopy and not already on the rolls, to send in their applications for membership to the Secretary, Dr. W. H. Seaman, No. 1427 Eleventh Street, Washington, D. C. The application should be accompanied by \$3.00 which is the initiation fee and one year's dues. As it is more than probable that the initiation fee will be increased in the near future, it will be to the advantage of all who contemplate membership to send in their applications before the next meeting.

Any further information concerning the Society or the approaching meeting may be obtained on addressing any of the undersigned.

Frank L. James, President, Box 568, St. Louis.

W. H. Seaman, Secretary, No. 1424 Eleventh St., Washington, D. C.

C. C. Mellor, Treasurer, No. 77 Fifth Ave., Pittsburgh, Pa.

**Recent Advances in the Technique of the Study of the Nervous System.**—**1°. Medullated Nerve-Fibres.**—Kultschitzky's improvement on Weigert's hæmatoxylin process is as follows: Place the material in Ehrlich's fluid and let it remain from one to two months. When removed let it remain in water from twenty-four to forty-eight hours, frequently renewing the liquid, or let it lie under a gently flowing tap for a few hours. Harden in alcohol, embed in celloidin and section after the usual methods. The sections are stained in acid hæmatoxylin solution (hæmatoxylin one part, dissolved in the smallest possible quantity of absolute alcohol; two per cent. solution of acetic acid sufficient to make one hundred parts). The sections should be allowed to remain in the stain from one to three hours or even longer if necessary. Rinse and place in a fluid consisting of a mixture of a one per cent. solution of potassium ferricyanide ten parts, saturated solution of lithium carbonate, ninety parts. Let remain until bleached which will take from one to three hours. Wash in water, dehydrate, etc., clear and mount in dammar or balsam. Carmine dissolved with the aid of heat in a ten per cent. solution of acetic acid (carmine two parts, acid solution one hundred parts) can be used instead of the hæmatoxylin solution, but the stain is much more easily bleached than that of the latter, and hence the process of decoloration must be closely watched.

**2°. Nerve-Fibres of the Brain.**—In the *Archiv. f. Mik. Anat.*, Oyarzum recommends for the study of nerve terminals in the brain of amphibia the following technique, which is Ramon y Cajal's modification of Golgi's method: The brain is placed in a vessel impervious to the light (or kept in the dark) and containing twenty parts of a three per cent. solution of potassium bichromate, and five parts of a one per cent. solution of osmic acid. Here it is kept twenty-four hours. On removal the brain is thoroughly washed in distilled water and placed directly into a vessel, also protected from the light, containing

a solution of nitrate of silver (seven and one-half parts of the nitrate to one hundred parts of distilled water) and left for twelve hours. At the expiration of this time the silver solution is drawn off and replaced by a fresh solution of the same strength, and the preparation allowed to remain twelve hours longer. Rinse for a moment in distilled water (in the dark) and place in absolute alcohol to complete the hardening. It is now exposed to the light and ready for embedding and sectioning.

**Staining with Methyl Blue.**—In the *Archiv. f. Mik. Anat.*, Professor Dogiel gives a method for staining the nerves in the muscles and other organs which is a great improvement technically upon Ehrlich's process. Mr. C. O. Whitman makes the following summary of it in the *American Naturalist*: "It is sufficient simply to inject the vessels of the organ with a four per cent. solution of methyl blue in the physiological salt solution. The injection is performed immediately after the death of the animal. Usually the organ is left *in situ* until the stain takes effect; but, if sufficiently thin, it can be cut out and placed in a drop of aqueous humor, and watched under the microscope until the desired effect appears. In the first case the organ must be laid bare, and its cavities, if it have any, must be opened. The stain may appear in the course of a few minutes, but often only after an hour or two. In the second case the conditions are most favorable, not only for staining, but for observing the action of the stain and noting the exact time for fixation."

A simpler method still may be employed for the demonstration of nerves in certain organs and tissues. The tissue is taken from the animal while living, or just after killing, and placed on a slide or in a watch-glass in a few drops of aqueous humor, to which are added two or three drops of a one-fifteenth or one-sixteenth per cent. methyl blue solution in the physiological salt solution. Ordinarily the stain appears in the nerves in five or ten minutes; but the time depends much upon the thickness of the tissue. In the retina, for example, two or three hours or more may be required to bring out the nerves of the different layers. The nerves of cold-blooded animals stain more slowly than those of warm-blooded ones. The fixation of the color may be accomplished conveniently

by picrate of ammonium, which produces a fine, granular, violet precipitate with the methyl blue, and at the same time renders the tissues quite transparent. This reagent also softens the tissue, so that it can easily be separated by the aid of needles. Twenty to thirty minutes are usually sufficient to fix the stain ; but thick tissues may require from two to twelve hours. It is important that the original blue color be made to pass into a violet without the least tinge of green ; otherwise the preparation may quickly fade. The preparation may be mounted in dilute glycerine. A saturated alcoholic solution of picrate of ammonia will harden the tissue, so that it can be cut in pith or liver, and the sections mounted in glycerine.

F. L. J.

### Dermatology and Genito-Urinary Diseases.

Rarity of Favus in London.—It is a rather strange thing that favus should be so rare in London as it is represented to be. Readers of the JOURNAL may perhaps remember that some time ago I mentioned the fact that Rosenthal had made the same observation in Berlin. Mr. Malcolm Morris states among other things in a paper (*British Journal of Dermatology*) that the rarity of the disease in London may be fairly judged by the number of cases which have attended at the skin departments of the various hospitals during the past year. This includes eleven of the principal hospitals and discloses a total of twelve cases. Of these one was a Polish Jewess who probably imported her case, and another one was a German who contracted it in his own country. The disease seems to be more frequent here, whilst ringworm of the scalp, *per contra*, is plentiful in the British capitol and not so often seen here.

Comedo.—Comedo, as is well known, is a functional trouble of the sebaceous glands, and its proper and radical treatment is one which requires much care, attention and time. During this period the black points remain to a certain extent unless local measures are adopted. When few in number and comparatively large, they may be removed by means of a comedo-extractor. But when, as often happens, they are numerous and exceedingly small, other measures

must be adopted. Among the latest is that of Unna which is as follows:

- B Lanolini puriss.....10 parts.
- Vaselini.....20 parts.
- Hydrogen peroxid.....20-40 parts.
- M. Sig. Apply locally.

**Treatment of Pediculosis Corporis.**—This affection may be treated without touching the patient, his clothing being subjected to a certain process. A. Fournier follows the course, indicated further on, at l'Hôpital, St. Louis: 1°. The patient's clothing of every description is submitted to a heat of 120°C., or to sulphur fumigation. 2°. The patient is subjected to a cinnabar fumigation, followed by a sulphur bath. 3°. The bed-sheets are changed and sent to the laundry. All of this cannot be done conveniently in private practice; and, in such cases, the following procedure is followed: Underwear is sent to be washed and clothing is thoroughly fumigated with sulphur. In the absence of bathing conveniences, the patient is to be treated with sulphur lotions or carbolic acid lotion of one per cent. strength. Mercurial lotions or frictions must be prohibited as well as bichloride baths, because with a scratched, excoriated skin the patient would be liable to become salivated.

**Koch's Lymph in Cutaneous Tuberculosis.**—The Commission of Physicians of l'Hôpital St. Louis, has made a final report respecting the use of Koch's lymph in cutaneous tuberculosis (*British Jour. Dermat.*), and particularly lupus. Louis Wickham states that in twelve the results were *nil* and in eighteen cases very slightly improved. Considering the dangers incident to the use of the remedy the Commission does not think it should be persevered in. The old treatment secures better results. The method has been abandoned at the above hospital "to the great satisfaction of the patients themselves." Per contra, Dr. Henry P. Loomis reports a case of lupus of the face in a woman of sixty-five (*Journal of Cutaneous and Genito-Urinary Diseases*) in whom the treatment was apparently successful. The report was made three months after first seeing the patient, no time having been allowed to ascertain whether any relapses took place or not. The author states that "an interesting feature was the power

of the lymph to render apparent tubercular nodules in places where they were unrecognizable before treatment began."

**Progeny of Lepers.**—In an analysis of 118 cases of leprosy in the Tantaran Asylum, in the Punjab, reported by Gulam Mustafa and read before the Epidemiological Society of London by Dr. Phineas S. Abraham, we find the following relative to the progeny of lepers : Seventy-three of the total number appear to have been married before the onset of the disease, viz., forty-three males and thirty females ; and whilst still in the healthy condition, the males are credited with seventy-one children, now or lately living, and in most cases free from the disease, and the females with sixty-five ; total, 136. Only four females are stated to have given birth to offspring, five in all, after the disease had declared itself. Until recently, it was the custom to allow the patients to intermarry. Thirty-nine of those whose histories are recorded, viz., sixteen males and twenty-three females—availed themselves of the privilege, and seven of them married more than once ; thus, one man united himself with no less than five leper wives one after the other, and several other patients were married two or three times. Altogether, the number of marriages contracted by the men in the list amounts to twenty-six, and those of the females to twenty-nine. Only five of the men proved prolific, with a result of ten children and eight of the women with a result of fifteen children. Four of the children are dead, so that we have left twenty-one as the progeny of fifty-five marriages. As the notes give no information as to the names of the leper or lepers which each man or woman married, it is impossible to say whether the children and the marriages are not counted twice in the above collection. It is probable that the actual sterility is even greater than these figures indicate.

**Pulmonary Syphilis.**—Dr. Renzi has made an elaborate study of this subject (*Gazzetta degli Ospitali*), and calls attention to the fact of the frequency with which so-called syphilitic phthisis passes unrecognized. He takes up *seriatim* the various differential signs which have been given and shows that while true in the greater percentage of cases they do not hold for all and, on that account, cannot be held as per-

fectedly reliable. On the other hand, patients who have pulmonary syphilis are predisposed to phthisis. It has been stated that pulmonary syphilis is always found in the right side and at the base, but it is also encountered in the left lung and at the apex or affecting the middle lobe. It is stated that in tuberculosis there is fever and emaciation. Yet there are cases in which these symptoms are either absent or very slight, and, on the other hand, they may present in pulmonary syphilis. I had occasion to treat such a case some time ago and he presented the signs of a typical case of pulmonary tuberculosis. Specific treatment combined with general reconstructives brought about a rapid amelioration which soon resulted in an apparent cure.

**Superiority of Mercurial over Mixed Treatment.** — Dr. D. D. Stewart reports a case of nerve-syphilis (*Medical News*), in which mercury and iodide of potassium failed and which was subsequently cured by mercury alone. The salt of mercury which acted so well was mercurous iodide and the author is inclined to think that had mercuric iodide been administered alone, in the same dose in which it was prescribed in conjunction with the potassium iodide, an analogous effect would have been produced. This leads him to suggest the following propositions: 1°. Does not the fact that the success of mercury administered alone, immediately after the failure of full doses of a mercurial administered in combination with large doses of potassium iodide, indicate that potassium iodide probably eliminated the mercury too rapidly to exert any effect, and, therefore, that it is better not to give these drugs at the same time? or, if they are coincidently administered, should not the mercury be given in a somewhat larger dose than when it is prescribed alone? 2°. That, in the case of disease of the nervous system the cause of which is suspected to be syphilis, though no history of specific infection is obtainable, it is unwise to exclude lues because no result accrues from a thorough course of potassium iodide. 3°. In such a case, in all probability, no mercurial treatment, or, at least, no thorough course, has ever been tried. Will this fact, granting it, account for the failure of potassium iodide, and the subsequent success of a mercurial administered alone.

O-D.

### Diseases of the Eye and Ear.

**Hemiopia, Hemianopia, Hemianopsia.**—The correct use of these words is not well understood and much confusion often results. *Hemiopia* is an old word and signifies literally "half vision," and has always been used to designate that condition in which a person sees only one-half of objects. *Hemianopia* and *Hemianopsia* are synonymous and are new words, recently introduced for the purpose of more correctly expressing the visual changes that follow certain pathological conditions of the brain and signify absence of vision (blindness), in one-half of the field. The little particle, *an*, gives both words a negative signification, the opposite of vision, blindness. These words are not found in the medical dictionaries, having only recently come into use. They are good words and are much to be preferred to hemiopia, since it is much more important to use a word that will express the absence of the function of vision in certain parts of the field of vision rather than its presence in certain other parts, not designated, are blind. To illustrate: When I say there is "left lateral hemianopia or hemianopsia," I mean to say (and these words express my meaning exactly), that the left half of the field of vision is blind (absence of vision in that part of the field). If I use the old word, and say there is "left lateral hemiopia," I mean that vision is still present in the left half of the field of vision, leaving it to be inferred that the right half of the field is blind. It must always be understood that the part of the retina involved is the opposite part to that of the field designated.

This subject is the more important because it plays such an important part in most cases of cerebral localization.

"**The Deadly Ear Syringe**"—Jumping at Conclusions.—Very recently in the St. Louis Medical Society, Dr Bremer reported a fatal case of brain disease under the rather startling heading: "The Deadly Ear Syringe." It strikes me that this heading is a grave slander on that noble instrument, and I wish to say a word in its defense, in addition to what I said in the society at the time, which was very meagrely reported in the preceding number of this JOURNAL.

The case in brief is : A lady had had for many months what was diagnosed to be "nervous prostration." She had had decided headache on one side of the head. Recently an abscess formed in the drum of the corresponding ear, and suddenly began to discharge externally. This relieved the persistent headache. The family was directed to cleanse the ear by gently syringing it. How much force had been used in the syringing was not known. Suddenly several brain symptoms set in, and the woman died in profound coma. The diagnosis was stated to have been meningoencephalitis, and possibly cerebral abscess. In commenting on the case, Dr. Bremer strongly attributed the brain trouble to the use of the syringe, stating that in syringing the ear, the water had been forced into the cranial cavity, and that had excited the fatal inflammation. The doctor ought to know that it is no easy matter to force water into the cranial cavity by means of an ordinary ear syringe. If the water were confined so as to produce hydraulic pressure, such a result might follow ; but in syringing the ear, there is always a way of easy escape for the water, making any considerable pressure impossible. I take it that the correct explanation is about this : Slow caries of the bone, most likely in the roof of the orbit, had been going on for months, causing the "nervous prostration," and the one-sided headache mentioned, leading finally to the sudden development of an abscess in the drum cavity and soon thereafter the extension of inflammation to the meninges and a fatal result. I venture the assertion that the brain trouble would have developed, even, if "the deadly ear syringe" had not been used at all. Certainly then, the fatal result is wrongfully charged upon the innocent syringe. Though ordinarily extremely careful the doctor evidently "jumped at a conclusion" in the case he reported.

**Bichloride Solution in Acute Conjunctivitis — A Case.** — Late in the evening this week a gentleman's eye began to burn, scratch and lachrymate without any known cause. Soon a muco-purulent secretion began to form ; the eye annoyed him considerably during the night ; in the morning the lids were glued together. I found the skin of the lids somewhat discolored — darker than it should be. The lids were swollen and oedematous. The palpebral conjunctiva was intensely red, oedematous, and considerably roughened

by the swelling of the papillæ. The bulb or conjunctiva was congested, but not intensely red. The increased secretion of tears gave the eye a watery appearance.

*Diagnosis.*—So-called catarrhal conjunctivitis. This is a form of conjunctivitis that occurs mostly in warm weather and for that reason it is sometimes designated *vernal* conjunctivitis.

*Treatment.*—I prescribed a solution of bichloride of mercury, one part in 5000 parts of water to be dropped into the eye every hour quite freely. Next morning the eye was so much better that I dismissed the case, directing that he should use the eye water only till bed time. It is not always easy to determine what medicine to prescribe in these cases of conjunctivitis. They are not all alike so the same remedy will not answer in all cases. In this case, however, the bichloride solution acted "like a charm."

**The Significance of Muscæ Volitantes.**—People are often frightened almost out of their wits by the sudden appearance of flying specks before their eyes; sometimes there are only one or two, but often thousands of them can be seen, particularly when a person looks towards a white surface, as white clouds, white houses, white pavements, or towards water surface. These flying specks are mostly small points, connected one with another by fine lines, and the points often present a beaded appearance. At first, persons are likely to try to knock them away, thinking it is something before their eyes. They come usually in both eyes at the same time. They may diminish or increase in number at times, but they rarely ever disappear entirely. They usually have a fixed position in the field, but occasionally they move or float about to a limited extent. They never interfere with vision by settling over objects looked at. They are invisible with the ophthalmoscope. Their nature is not well understood. The explanation usually given is that they are opaque points in the vitreous humor, which throw shadows upon the retina and thus become visible. Badly focused eyes are most likely to be troubled with muscæ volitantes. They signify nothing serious so long as they are mere points, connected by fine lines, and do not interfere with the acuteness of vision. Treatment is more than useless. If the eyes are out of focus proper glasses should be selected. It is important that the patient should ignore their presence entirely; should avoid

seeing them as much as possible and let them alone. Large floating masses before the eyes, which swim around and often obscure vision, are the result of serious disease and should be promptly looked after.

A. D. WILLIAMS, M. D.

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### Excerpts from Russian and Polish Literature.

**Koch's Tuberculin in Pulmonary Tuberculosis.**—Professor Fedor A. Loesch, of Kiev (*Vratch*, No. 5, 1891, p. 158) says that he has tried Koch's treatment in ten cases of pulmonary tuberculosis, nine of them being of a more or less mild form, and one "fully developed." The individual (gradually ascending) dose varied from 0.001 to 0.015 grammes, the total number of the injections amounting to 105, and the total quantity of the lymph injected to 0.632 grammes. The essential points of the clinical research may be condensed somewhat as follows: 1.<sup>o</sup> As regards the patient's subjective state, the results might perhaps be termed "satisfactory," since in all the cases there were observed improvement in sleep, and decrease of cough, dyspnoea and thoracic pain or discomfort. The self-same, however, may be also observed after some three or four injections of a solution of chloride of sodium (NaCl) which can even lower a febrile temperature. 2.<sup>o</sup> Catarrhal phenomena similarly mostly (in six cases) improved, the amount of *râles* and expectoration decreasing. [During the first two or three days of the tuberculin course, however, the sputa always became more abundant.] 3.<sup>o</sup> Pulmonary infiltration in four cases remained unchanged; in one "possibly slightly decreased," but in one decidedly decreased. 4.<sup>o</sup> Of three cases of laryngeal ulcers, in two no amelioration whatever could be noticed, while in the third, after a fleeting initial betterment, there ensued a considerable aggravation, which necessitated discontinuing the remedy. 5.<sup>o</sup> The pulmonary capacity increased only in one case (and here it was directly due to a corresponding subsidence of catarrhal symptoms). 6.<sup>o</sup> The bodily weight in one case increased (2 Russ. pounds), in three it sank (from three and a half to nine pounds), and in six it did not undergo any alteration. 7.<sup>o</sup> Tuberclie-bacilli disappeared from the expectoration in one case only. 8.<sup>o</sup> The proportion of hemo-

globin in five cases did not show any changes, in one it was diminished, and in four augmented from ten to fifteen per cent. (which was thought to be dependent upon the improved hygienic conditions of the patients). 9.<sup>o</sup> On the whole, in none of the ten cases could any serious objective amelioration be obtained, while three decidedly grew worse. 10.<sup>o</sup> The constitutional "reaction" greatly varied: in some a febrile rise (up to 40.2°C.) occurred, while in others the temperature did not surpass 37.5°C. In one (female) case the injection gave rise to a typhoid state. 11.<sup>o</sup> As to the pulmonary "reaction," in eight cases the injections were followed by the appearance of a tympanitic note on percussion, and blood in the sputa, which signs seemed to point out that the remedy induced congestion of the lungs. 12.<sup>o</sup> The remedy has no diagnostic value. [The same opinion is entertained, amongst many other Russian practitioners, by Dr. A. A. Kadiān, of St. Petersburg, who, on experimenting upon himself, observed a constitutional "reaction" of two days' duration, and a local one (swelling of lymphatic glands) of three weeks' standing. Dr. Kadiān happened to be a perfectly healthy man. *Vide the Vratch*, No. 4, 1891, p. 124.—*Reporter*]. In view of all the results, Professor Loesch has totally given up Koch's treatment of tuberculosis. He sincerely hopes that others will shortly follow his example.

**Tannin as A Remedy for Iodoform Exanthems.**—As is well known, the external use of iodoform (in the form of powder, or salve, or ethereal solution, or collodion—in fact, in any shape) is fairly frequently followed by the appearance of an erythematous or vesicular rash of a rather refractory and tedious character which in idiosyncratic persons may spread far beyond the area treated with the substance. In the Polish *Nowiny Lekarskie* (1891, No. 3, p. 99), Dr. Boleslaw Wicherkiewicz, of Poznan, the editor, writes that he has succeeded in discovering a very efficacious method for speedily curing such exanthems, which consists in a local application of a glycerine solution of tannin (1 part of tannin to 3 of glycerine). It is imperatively necessary, however, to employ a chemically pure glycerine for the purpose. A sufficiently thick layer of gauze should be freely soaked in the fluid, applied to the whole diseased area and carefully covered with a piece of gummed paper, the whole being fixed by

means of a suitable bandage. The dressing should be changed once daily. After the subsidence of the rash, it is advisable to apply, for a few days, a piece of linen smeared with a 2 per cent. boracic acid ointment (to keep the parts well protected).

[By the way, speaking of iodoform and its drawbacks, it might be not out of place to draw our readers' attention to a means for rapidly deodorizing the hands after handling the drug, which has been recently introduced by Dr. E. Haffter, of Trauenfeld, the editor of the *Correspondenz-Blatt fuer Schweizer Aerzte* (1891, March 1, p. 157<sup>1</sup>). According to his experience, the odor can be swiftly and tracelessly removed by thoroughly washing the hands with an iodine soap which is prepared of products of the Sulzbrunn iodine mineral water (by Mr. Dornier, of Kempten, in Bavaria).—*Reporter*].

**On the Antipyretic Treatment of Acute Infectious Fevers in Children.**—Dr. Alexandr A. Kissel, of St. Olga's Hospital, in Moscow, details (*Meditinskoie Obozrenie*, No. 2, 1891, p. 184) his observations on fifty-five cases of typhoid fever in children which were treated without using any antipyretic means whatever. The patients' ages varied from three to thirteen, thirty-five being of ten and under that age. The total duration of the disease in twelve was under fifteen days; in twenty-seven between fifteen and thirty; and in sixteen above thirty (up to sixty-five days in one case). In ten cases more or less fever complications (periparotitis in three, subcutaneous abscesses in seven) occurred. Only one case ended in death, the issue being due to perforation of the vermiform appendix. Analysing his material, Dr. Kisell arrives at the following noteworthy conclusions: 1°. In cases of enteric fever treated without any antipyretic means, children take their food more readily and generally feel better than in cases treated by antipyretic. Moreover, to the former case the usual improvement in the patient's subjective state, setting in after defervescence, proved to be by far more pronounced than in the latter. 2°. The severity of the disease does not seem to stand in any correlation with the intensity of the fever. 3°. The severity or danger of the morbid process appears to lie mainly in certain molecular changes, arising in tissue cellular elements under the influence of the infectious or pathogenic principle. 4°. It is just possible that the use of antipyretics can frequently be accompanied with injurious

consequences for the patient. 5°. The author has never yet happened to come across a case in which any definite and rational indications could be made out for the employment of antipyretics agents. 6°. An increased feeding of such patients never causes any injurious effects. 7°. Speaking generally, such cases as are characterized with a rapidly rising temperature, attaining high levels within the few first days, seem to run a more favorable course than cases of other descriptions, which fact justifies the admission that a high temperature exercised a beneficial influence on the typhoid process. 8°. An enormous majority of so far published observations on the action of antipyretics can hardly satisfy a strict scientific criticism. 9°. A rational treatment of acute infectious diseases constituted a totally open question. The latter can be settled solely on the ground of carefully studying the ways and means employed by Nature in its struggle with various pathogenic factors. The postulates are supported by the author's other observations including thirty-six cases of croupus-pneumonia, 2 of pertussis, 13 of dysentery, 6 of acute articular rheumatism, 18 of purulent pleurisy, and 10 of serous pleurisy.

**Ichthyol in Gynæcological Practice.**—In the Polish *Wiadomosci Lekarskie*, Nos. 10 and 11, 1891, p. 310, Dr. Ashkenazy, of Krynica, Austrian Poland, says that following Freund's recommendation, he tried sulpho-ichthyolate of ammonia in a number of cases of pelvic inflammatory effusions, retrouterine exudations in Douglas' cul de sac, parametritis, salpingitis, oöphoritis, perioöphoritis, and cervical metritis with erosions. The remedy was employed *a.* internally, in sugar-coated pills, in the dose of 0.1 grammre repeated three or four times a day; *b.* in the form of a 20 per cent. salve with lanoline, which was rubbed into the abdominal integuments; *c.* in the form of rectal suppositories, made of 0.1 grammre of ichthyol with heytrum cacao; *d.* in cases of cervical metritis with erosions; the author also used tampons, soaked in a ten per cent. glycerine solution of the remedy and inserted daily; *e.* in addition (in cases of the latter category), the parts were painted with pure ichthyol three times every week. The results were said to be invariably brilliant, all the patients making a speedy recovery. The drug seems to possess powerful antiphlogistic and sedative effects. It may be as well added that in many

cases full or sitz baths (of fifteen minutes' duration, at 28° Reaum.) were used as an adjuvant means.

[At the fourth general meeting of Russian medical men at Moscow, Dr. Vasily N. Massen, of St. Petersburg, read a paper on the subject with twelve cases in which he similarly emphatically draws attention to sulpho-ichthyolate of ammonia as an excellent anodyne and resorbent remedy for chronic affections of the female genital sphere. It is advisable, however, to abstain from its administration in acute cases, since the drug tends to give rise to local irritation in such patients. Dr. Nikolai D. Gavronsky, of Teleznovodsk, has also adduced thirty gynaecological cases in which he successfully resorted to ichthyol. *Vide the Meditsinskoë Obozrenië*, No. 2, 1891, p. 149; and *Vratch*, No. 7, 1891, p. 210.—*Reporter*].

Berne, Switzerland.

VALERIUS IDELSON,

## Medical Progress.

### THERAPEUTICS.

**Betol as an Intestinal Antiseptic.**—M. Yvon states that betol or naphtalol or salinaphtol is valuable in children's diseases where an intestinal antiseptic is indicated. As is well known betol is a salicylate of naphtol. The following is a good formula in cases of the character mentioned above:

B. Betol.....	gr. xv
Syr. aurant flor.....	ʒij
Aquaæ acacie.....	ʒ v

M. Sig. In dessertspoonful doses.

The total amount above given may be taken in twenty-four hours. The betol may also be given alone in milk in the doses indicated above. As the taste is very slight it is not difficult to administer.

**Hæmostatic in Congestive Dysmenorrhœa.**—H. Fritsch gives the following formula in *Therapeutische Monatshefte*:

B. Ext. hydrastis	
Ext. gossypii rad.	
Ergotini.....	aa gr. xlvi.
M. ft. massa et divide in pilulas No. 100.	
Sig. One pill three times a day.	

**Rotter's Antiseptic.**—The following is the formula of this preparation which is used in surgery for compresses, irrigation of wounds, etc. :

B	Zinci chloridi	
	Zinci. sulpho-carbolat.....	55 gr. xlv.
	Acid. boracio.....	gr. xxvij.
	Sodii chlorid.....	gr. iijss.
	Acid. salicylic.....	gr. vj.
	Acid. citric.	
	Thymol.....	55 gr. j.
M.	Aquea.....	Oj.

**Local and General Antiseptic Treatment of Diphtheria.**—Dr. A. Fagot states (*Thèse de Lyon*) that diphtheria originally local in character, must be met with a local antiseptic treatment. The false membranes must not be removed unless this can be accomplished by gentle means. Carbolic acid is to be applied locally and in irrigations. The antiseptics to use are as follows:

B	Acid. carbolic.....	3i-3ijss.
	Camphor.....	3v-3vijss.
	Alcohol 90°.....	3ijss.
	Olef.....	q. s.

M.

The amount of carbolic acid and of camphor is to be varied according to the gravity of the angina. In the intervals frequent irrigations of a one per cent. solution of carbolic acid are to be made so as to have the mucous membrane in continuous contact with the remedy. The antiseptic prevents the development of the bacilli. Salicylic acid has also been employed locally according to the following formula:

B	Acid salicylic.....	gr. vijss-gr.xv
	Glycerin.....	3x.
	Infuse. ucalypti.....	q. s. 3x v.
	Alcohol.....	

M.

Boric acid, iodoform, creasote, resorcin, etc., have also been employed. General antiseptic treatment consists in giving the patient a tonic and nutritive regimen which enables him, by the hyper-activity induced in the different organs, to eliminate the poisons elaborated by the micro-organism and which have been introduced into the organism.

**Treatment of Parasitic Dysentery and Oxyurus.**—C. Minerbi employs naphthalin (*Médecine Moderne*) suppositories and oily enemata, the suppositories being made as follows :

B Naphthalin  
Butyr. cacao.....aa 3ijss.  
M.

When the ulcers are seated higher up than can be reached by suppositories, the author has recourse to oily enemata :

B Naphthalin .....gr. lxxv.  
Ol. olivarum.....3 v.  
M.

At the beginning of the dysentery the injections cannot be held much longer than a half-hour, on account of the tenesmus. They should be repeated three or four times every twenty-four hours at this period. Later, the patients succeed in retaining them longer and longer so as to last five or six hours, or even be absorbed. Besides this the enemata do not bring about constipation.

For oxyurus the same method has been successfully employed, children infested with this parasite being cured in less than a week. The formula employed is as follows :

B Naphthalin .....gr. xv-gr. xxij.  
Ol. olivarum .....3x-3xv.  
M.  
Sig. For one injection.

For an adult the enema should be made stronger such as :

B Naphthalin .....gr. lxxv-3jss.  
Ol. olivarum .....3xv-3xx.  
M.  
Sig. For one injection.

#### PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

**Anæsthesia and Anæsthetics.**—At a recent meeting of the Nottingham Medico-Chirurgical Society, Mr. Joseph White read a paper on this subject (*Prov. Med. Jour.*) based on an experience gained from 4,500 administrations. In order of frequency the anæsthetics used were : chloroform, ether, A.C.E. mixture, bichloride of methylene, and amylene. Mr. White recalled his personal impressions of the intense professional interest aroused by the discovery of anæsthetics in

1846-7, and gave details of the early experience of the profession with the new agents, mentioning especially Simpson's belief—which, however, was not confirmed by subsequent experience—respecting the superior safety of chloroform over ether. The physiological effects of anæsthetics might be divided into four stages: 1°. The stage of continued consciousness. 2°. The stage of semi-consciousness. 3°. The stage of sleep. 4°. The stage of coma and threatened death. The special phenomena and dangers attending each stage were then discussed. In the first stage death might occur, and fear and alarm on the part of the patient might seriously aggravate the depression caused by the anæsthetic. A good many deaths occurred in the second stage, due partly to exhaustion caused by struggling, and partly to irregular respiratory efforts, by which large quantities of chloroform vapor are suddenly inhaled. Vomiting, too, was apt to occur, and to lead either to danger by its depressing influence, or to loss of time by inducing return to consciousness. In the third stage the patient passes into a tranquil state; the pulse becomes slow and regular, the pupil gradually contracts to small size, and the conjunctival reflex is abolished. The strong resemblance between natural sleep and the third stage of anæsthesia, as regards both the order and the character of events, was described at length. It was very rarely necessary to push anæsthesia beyond the third stage. In the fourth stage, the pupil dilates, the eyeball becomes fixed; the breathing becomes slow, stertorous and irregular. The heart beats more and more feebly; clammy sweats break out and death ensues, respiration generally ceasing before the pulse. Some details were next given of experiments—notably those of Sibson, Percy and Glover, and later of Snow and Richardson—on the action of anæsthetics. When a *large* dose was suddenly given to an animal the heart invariably failed first, whereas in the slow and sustained administration of chloroform the respiration failed first, though at the same time the heart's action was much depressed. The results of the Committee appointed by the Royal Medico-Chirurgical Society in 1863, and the Glasgow Committee appointed by the British Medical Association in 1877 were shown to be in substantial harmony. The Glasgow Committee pointed out the influence of chloroform—far more than that of ether—in lowering blood pressure

and that such lowering might occur with great rapidity. They also insisted on the importance of watching the pulse as well as the breathing, and on artificial respiration as the most efficient treatment of threatened syncope. The first and second Hyderabad Commissions were then referred to and the conclusions of the latter carefully examined. Professor McWilliam, of Aberdeen, observed the effect produced on the exposed heart of animals by inhalation of anaesthetics, and found that under influence of chloroform all the cavities became dilated, whereas with ether dilatation was slight or inappreciable. Mr. White gave a detailed description of the views of the second Hyderabad Commission upon the order of cessation of respiration and pulse, and contrary to their advice, emphatically advised attentive watching on *both* pulse and respiration. Mr. White approved the conclusion of Drs. Bomford and Lauder Brunton, that the inhibitory action of the vagus nerve, which is called into play in threatened or actual poisoning by chloroform, by slowing and diminishing the action of the heart, and reducing the amount of chloroform carried in a given time by the blood-stream, acts as a most important safeguard against an overdose. The paper concluded with practical directions for administration, among them being a warning not to push the anaesthetic during the struggling stage; the importance of carefully watching pupils, pulse and respiration; and in cases of danger immediate resort to artificial respiration.

**Acromegaly.**—According to the *Medical Standard*, Dr. Charles Long recently reported the sixth American case of acromegaly to the Luzerne Co., (Pa.) medical society. The patient is a forty-eight-year-old German engaged as a laborer until ten years ago. There is no similar tendency in parents or in brothers and sisters, or in his children. He has never been sick. Symptoms of enlargement were first noticed nineteen years ago, in his hands. Since that time the enlargement has been gradually but constantly increased. Height is five feet nine and one-half inches, weight two hundred and sixty-two and one-half pounds, an increase of seventeen pounds in twelve years. Skin is very loose and can be drawn up in folds. Hands, feet and face are much enlarged. Face has a distinct elliptical shape, so much has the lower jaw enlarged. Cranium is normal in size and shape. The lower

lip is very prominent and everted. Cheek bones are prominent, caused probably by dilatations of the maxillary sinus. The lower jaw is enormously enlarged. Tongue is very large, thick and wide. Voice is strong and deep and patient can sing fairly well. The hands are much hypertrophied, both as to bones and soft parts. The joints are large and flat, showing hypertrophy at the end of the bones. The thorax is very large and bulky. Clavicles and ribs are marked by hypertrophied ends. The scapula is also enlarged. Breathing is natural and no heart enlargement can be detected. The ends of the femur are hypertrophied and the knee joints are very prominent. The feet are very large. The nervous system shows no abnormal symptoms. Excepting vision the special senses are all normal. The patient is totally blind and has been for ten years from chronic optic nerve atrophy.

**Acetonuria.**—At a meeting of the Medico-Chirurgical Society of Montreal (*Canada Medical Record*), Dr. Ruttan and Dr. Wyatt Johnston read a paper upon a fatal case of cerebral apoplexy, in which sugar and acetone had been detected in the urine. The patient, a man aged sixty-seven, had been under the care of Dr. R. L. MacDonnell, who had been his medical attendant for the last seven years, and had repeatedly examined the urine during that time, always with negative results. The fatal illness had set in suddenly with an apoplectic seizure. Coma had set in immediately, and had lasted for twenty-four hours. The urine was found at the time of the seizure to contain 1.7 per cent. of sugar, which had increased next day to 2.4, and then had disappeared entirely. Acetone to the amount of 0.31 to 0.37 per cent. was found associated with the sugar, and the quantity had persisted for five days after the sugar had disappeared. The patient had partially recovered consciousness, and had complained of severe occipital pain. Death had occurred suddenly and unexpectedly on the twelfth day of the illness. The condition had been regarded as one of diabetic coma, but at the autopsy an extensive cerebral haemorrhage was present, involving the whole of the base of the brain, but most extensive over the medulla. Dr. MacDonnell concluded from this instance that in every case where there is sugar in the urine it was not necessarily a case of diabetes.

Dr. Mills said that the present case appeared to him like one that was being gradually poisoned from some retained substance in the body, which was unknown to us, and deranged metabolism generally.

Dr. Johnston stated that in view of the post mortem, poisoning by acetonuria could not be regarded as being the cause of any of the symptoms. The haemorrhage had produced both the coma and the acetonuria. The blood obtained at the autopsy was free from acetone. The death was probably due to a recurrence of the haemorrhage.

#### DISEASES OF WOMEN AND CHILDREN.

**Treatment of Convulsions in Children.**—The Paris correspondent of the *Archives of Pediatrics* says: We extract a few notes on this subject from Dr. Decroizille's late book on children's diseases. First of all, the doctor who is called to treat such a case must be exceedingly calm and try to find the real cause of the trouble. The cause of convulsion is a matter that is complex, and the treatment is likewise. Indeed, it will often be found that no medical treatment proper will be needed, as the child will get better without drugs, for the cause may be simply a room too hot or a pin badly placed. Have the child stripped at once and the window opened, or put it into a bath and pour water on its head of a different temperature. It is well known that convulsions often occur from irritation of the intestinal tube from food or from worms, so it would be well to look to this at once. If food is at fault, a simple tickling of the throat will cause vomiting and a stay of convulsion. If not, give calomel in one and one-half to three grain doses. (Manna is a purgative often used in France under such circumstances.) A vermifuge is the next thought. The convulsions owing to teething are well known, and a doctor should be well posted on the eruption of the temporary teeth, and know when each one should be due. Here lancing is considered useful by the author. If there is a hyperæmia of the brain, a few leeches behind the ears or placed at the inferior extremity of the thighs. If no result is obtained, then anti-spasmodics must be given (oxide of zinc, musk, and hyoscyamus). Bromide with chloral can be used, but opium must be given with care, if at all. Where the child is anæmic iron must be given afterwards, and the preparations that are com-

bined now with pepsin are considered the best. In all cases, after the attack, the child must be kept in a dark room in perfect quiet.

**Occlusion of the Os Uteri During Four Days' Parturition.**—Dr. Neale reported the following to the Gynæcological and Obstetrical Society of Baltimore: Mrs. K. W., æt twenty-six, white; I-para. Past history unimportant. Last menstruation early part of April, 1890. Pregnancy normal up to November 16, 1890, when she slipped and fell violently on her right side on the sidewalk. There was no vaginal discharge at the time and no discomfort, except from the jar, bruising, etc., and the patient was up and about all the time. No movements of the child were felt after the fall.

About Christmas, 1890, an offensive yellowish vaginal (uterine) discharge occurred and continued for one week. On the night of January 12, 1891, her first labor pains began and were so severe as to require morphine, given by her attendant. There was no "show" or discharge of any kind. The pains increased and the patient was suffering severely when he saw her for the first time Friday evening, January 16, 1891. She was a large, well-built and well nourished woman.

Could not distinctly map out the child by abdominal palpation. By auscultation gurgling over the entire uterine tumor, and not a trace of foetal heart sounds could be heard. By vaginal examination: Very short and small vagina, no cervix and no os! A continuous layer of mucous membrane, flush with the vaginal walls, closed over the entire vault of the vagina and a little dimple in its centre was the only indication of where the os ought to be.

Patient chloroformed, placed in position, hand passed into vagina, finger pressed firmly against the dimple when it suddenly yielded or burst open like a membranous web permitting a gush of *not* foul smelling, bloody water to escape and at once the rapidly enlarging outlines of the os could be felt, then about as wide as a silver half dollar piece. The soft bagging scalp and loose cranial bones came down upon the enlarging os and as the expulsive efforts were almost *nil* he grasped the head with a Simpson's cranioclast which tore away, and then the blades of a Tarnier basiotribe were adjusted over the head and neck and a thoroughly macerated but not decomposed or foul, small child was easily extracted. Perineum intact, os

fissured slightly. Small placenta expressed within six minutes. Considerable post partum haemorrhage, uterus acting feebly. Os remained open about size of silver half dollar piece, thick edges, uterus rather small, but not firmly retracted. Two quarts of hot intra-uterine 1-4000 bichloride douche were injected. Patient rallied well and debarring an occasional slight rise of pulse and temperature and faintly fetid lochia which readily yielded to the antiseptic douche, the puerperium was uneventful and recovery complete. This case was a novel one to Dr. N. He is quite sure the membrane he felt was mucus and not the amniotic sac, nor does he think the case should be classed among those of cervical occlusion or stenosis from endotrachelitis.

#### SURGERY.

Annotations by PROF. LOUIS BAUER, St. Louis.

The Operation of Opening the Vertebral Canal in Spondylitis for the Relief of Paraplegia is the heading of an elaborate contribution by Prof. P. Kraske (*Archiv fuer Klinische Chirurgie*, Vol. 44, No. 2, 1891).

From the amount of pathological material, partly derived from the collection of Schmaus (Compressions-Myelitis, Wiesbaden, 1890), partly obtained from the records of the pathological Institute of the University of Freiburg and personal observations of four rather unsuccessful cases in his own practice, the author has arrived at a widely different pathological estimate from other writers, more especially from MacEwen. Most of them ascribe the paralysis of the spinal chord in spondylitis, to direct mechanical causes connected with posterior curvature. The author takes exception to such views, insisting on a variety of causes. Among them, compression is but a *rare* and *exceptional* occurrence. Seventy cases in all constitute the pathological cases upon which the author rests his opinion. If this should be considered inadequate, to displace the prevailing views, it would be urged, that this is by far the largest material on the subject collected thus far. Besides, the systematic thoroughness with which it has been analyzed, commends its version to special credit and acceptance. Moreover, Kahler's experiments (*Zeitschrift fuer Heilkunde*, Bd. 3. Prag. 1882) have, ere this, demonstrated that a moderate encroachment upon the spinal cord can not en-

danger its function provided anatomical integrity is not interfered with. Erichson's clinical observations of mere concussion of the spine in railroad accidents, and our own experience in such kyphotic cases, in which paralysis had been super-added as a temporary complication, eventually relieved by recumbency and immobilization, add decided support to Prof. K.'s. views.

The mere interference with or total arrest of the passage of lymph, will bring about oedematous succulence and eventual disintegration of the delicate structure of the cord.

Venous hyperæmia is another of the various pathological causes, tending to swelling and softening of the axis-cylinders, the loss of neurilemma and massive development of the connective tissue. These structural changes may even occur without a trace of inflammation. Struempel is probably correct in totally denying myelitis under such circumstances.

Though, the spondylitic curvature as a rule furnishes no direct provocation to paraplegia, its indirect effects of mechanical compression cannot be ignored. For the spine being susceptible to diverse morbid processes, to wit: tuberculosis, osteomyelitis, periostitis, traumatic injuries, etc., they may advance toward the canal, perforate more or less destroy its periosteal lining; involve the connective tissue which forms the organic link between the periosteum and dura-mater and thus give rise to massive fungoid granulations and exudation, etc., as encountered by Prof. K. in his operations.

One or the other of those causes mentioned, may proportionately compress the cord more or less and thus impede its functional performance. Like other fibrous membranes, the dura is apt of resisting morbid encroachments upon the cord. At any rate it resists more tenaciously than its namesake of the brain which serves as internal periosteum to the skull. Of course, eventually the spinal dura may likewise become compromised and exposed to pathological disintegration.

The question as to the legitimacy of removing by operative measures, both an existing and pressive exudation in the epidural space must be answered in the affirmative! And the removal of tubercular structure from the spinal canal appears as rational an indication as its removal from the neighborhood of a joint prior to its perforation.

The author recognizes no diagnostic difficulties in the differentiation in the compression of the cord by displacement of bone or by exudation and fungoid granulation. A rapid development of both the gibbosity and the paralytic symptoms would point at direct mechanical causes whilst the gradual growth of either would be considered as the indirect effect of a pathological process. Of specific importance for the diagnosis are the so-called *Root symptoms* to which Prof. K. has first called attention. If several of the intervertebral nerves are compromised, it may be inferred with some degree of certainty that the change of form and position of the vertebrae is not concerned in the paraplegia.

But even with the most positive diagnosis, the operation should be preceded by persistent local treatment in reclining position. Such precaution may be entirely dispensed with, if the trouble concerns but the vertebral arches.

The first case, related by the author, was a woman fifty-seven years old, who had already passed through multiple tubercular affections. She was suddenly attacked by pain in the thoracic portion of the spine chiefly radiating to the right and soon followed by complete paralysis of both limbs. There was no curvature, but tenderness on pressure upon the fifth and sixth spinous processes. The nature of the case was beyond doubt. The formation of an abscess at the designated locality, invited prompt action. It was freely opened and its cavity curetted. The arch of the fifth thoracic vertebra having undergone cheesy necrosis, it was removed. With a bluish-red mass of granulation protruding, a teaspoonful of pus escaped. After the former had been easily shaved off from the dura, and thus the compression relieved, the pulsation at once returned to the chord. With the exception of the fourth and sixth arches it was found that the abscess had occupied the epidural space and the dura had remained completely intact so far.

The results of the operation were as beneficial as prompt! On the same day sensation returned; a few days after the patient commenced to move the extremities. In a month she left the bed and commenced walking. However, the paralysis soon after returned, pulmonary phthisis ensued with a lethal exit in seven months.

The autopsy revealed caries of one of the bodies of the thoracic vertebrae and compression from its lower edge.

In the second case, a man, aged thirty-three, violent pain between second and fifth thoracic vertebræ radiating toward the right; root symptoms; complete paralysis in the bladder and rectum; decubitus. No curvature, but an abscess on the right side of the spine. Opening of the abscess and curetting, no bone-focus! Resected the second, third and fourth arches. No return of pulsation; caseated foci not easily removed. No change. Death in eight weeks. Autopsy, more extensive fungoid granulations than in the former case; caries of capitulum of right fourth rib encased by an abscess. Thence the lesion had proceeded and passed into the vertebral canal by way of intervertebral foramina.

The third and fourth cases have some essential points in common. Their ages twelve and fourteen years, gibbosities in the same space, paralysis developed with the root-symptoms. Extension in recumbency, without improvement! Operation in side position. The dissection of the muscles close to the transverse processes! Being much more easily accomplished, than expected; third and fourth spinous processes of thoracic vertebræ exposed. Ligamenta interspinalia divided,—the two arches removed. Thereupon, protrusion of gray but more of blue-red granulation-masses covering the posterior surface of dura and filling wound to its brim, representing proximately the degree of pre-existing pressure upon the cord. The fungoid masses did not pulsate; they were speedily removed. In either case, small sequestra and bonesand were noticed and cleared away with other detritus. Careful scraping of the vertebral bodies found; sprinkling the wound with iodoform and its uniting by sutures terminated the operation.

The result of the proceeding in one of the cases was immediate. Sensation returned completely and motility forthwith began to improve. In about two months the paralysis had practically subsided. But gradually aggravation commenced which steadily grew in proportion.

The wound reopened, the paralysis reappeared. Another curetting did not make any impression upon the latter.

The patient was still alive when Prof. K., wrote his essay, but was threatened with tuberculosis of the lungs.

The improvement was not as quick in the other case but equally decisive.

The boy could lift and move the lower extremities at the end of a week. For about a month the patient's improvement went steadily on, but then reverses set in, henceforward alternating with one another. Yet the patient is better than originally but far from convalescence. Very naturally, the author expresses himself about the merits of the operation, with becoming conservative precaution in which prudent surgeons of the present day emphatically join. Probably when a diagnosis is rendered more transparent in detail and the operative technique more effective, the question of interference in such cases may again be seriously broached.

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#### Literary Notes.

**Plain Talks on Electricity and Batteries** is the title of a neat little book of 85 pages published by the Blakiston's. The name of the author is a sufficient guarantee of its reliability. Dr. Horatio R. Brigelow has enhanced the value of his "Talks" by the addition of a therapeutic index. Motor points and some special methods are also given, the whole being in a way a syllabus or guide to the larger and more elaborate works on the subject.

The **Journal of Gynæcology** has arrived. It is an octavo whose first number contains 64 pages. It will be devoted to gynæcology, obstetrics, and abdominal surgery. Dr. Charles N. Smith, of Toledo, Ohio, is the editor of the fledgeling the annual subscription to which is placed at \$1.50. The journal is neatly printed and has a list of good contributors. We heartily wish it success both financially and in a journalistic point of view.

**Warner's Therapeutic Handy Reference Book** is a little duodecimo which can lay claim to being the busy practitioner's vade mecum. It contains a vast amount of useful information compressed in an exceedingly small space. Beginning with weights and measures, we are next given information on prescription writing, this being followed by a poso-

logical table in which not only the dose is given but the physiological action of the remedy as well. An aid in memorizing doses is furnished and a list of incompatibles. Poisons and their antidotes, the signs of pregnancy, eruptive fever incubation, how to make post-mortems and a medical formulary are among the many subjects presented in the 119 pages of this opuscule. William R. Warner & Co., who publish this have done a real service to physicians by gathering between the two covers of a book so much valuable information which it requires some considerable trouble to obtain at a moment's notice under ordinary circumstances.

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## Society Proceedings.

### ST. LOUIS MEDICAL SOCIETY.

MARCH 21, 1891.

**Remains of an Impacted Vaginal Speculum.**—Dr. W. Dorsett presented a specimen, neither pathological nor anatomical ; might be termed archæological remains of what was once a soft rubber air pessary ; of all kinds of this instrument the soft rubber ring or air pessary would usually be regarded as the most harmless. This one was introduced one month ago for the purpose of sustaining the uterus, and the patient had almost become oblivious of its presence. She was admitted to the hospital, having fever, a very offensive discharge from the vagina, and a great deal of pain ; and being a woman past fifty, she was supposed to be affected with cancer of the uterus. Being placed upon the table for examination, and a syringe used for the purpose of washing out the vagina, this pessary was exhumed. It had become so hard that it was necessary to break it in pieces before it could be removed. Its presence had excoriated the vagina, in several places causing long fissures and deep lacerations, from which the woman became affected with septicæmia. This is the second case of the kind the speaker had seen ; the pessary when originally introduced was perfectly soft and pliable ; but, by the action of the vaginal secretions, it had become hard and inflexible.

**General Sarcomatosis Originating From the Bones of the Ankle-Joint, Involving Heart, Spleen, Supra-Renal Capsules, etc.**—Dr. Dalton presented the specimens and said: The case was that of H. H., colored, æt. forty-six years, single, admitted to the hospital November 24, 1890. He had always been in good health, but his hygienic surroundings had been quite poor; and he has been addicted to the use of liquors. Five months before admission to the hospital he sprained his right ankle. The injury, however, was not sufficiently severe to prevent his working, for some time; but he has suffered a good deal in foot and ankle since. When admitted to the hospital these parts were three times their normal size. Just below the outer malleolus and anterior to it, a fluctuating tumor was noted as large as a hen's egg. Cardiac systolic murmur, pronounced in character, was heard at the left nipple, which sound was transmitted toward the axilla. The other viscera seemed normal.

On December 25, an exploratory incision was made into right ankle. All the tarsal and metatarsal bones were found tuberculous, and caries was well advanced. The leg was amputated at the junction of the middle and lower thirds, and the stump healed kindly. Patient was around the hospital for some weeks, after which he steadily failed, and died on the 7th inst.

The post-mortem notes dictated by Dr. Bremer were as follows:

March 7. Autopsy four hours after death. Body had many enlarged glands. Pleura was firmly adherent on both sides, the left being enormously thickened and covered thickly with hard nodules. Both lungs contained several hard nodulous spots. On the right side there was what appeared to be a large blood clot attached to the lung.

The pericardium contained about three ounces of clear fluid. In the heart walls were many hard nodules about the size of a hazel nut. On the mitral valves were a number of vegetations; a large nodule was found in the wall of the gall bladder. The spleen was attached to the liver, was twice the normal size, and presented an indurated mass. The mesenteric glands were greatly enlarged. The pancreas was filled with hard, nodular masses. Kidneys were both fatty; in the right was found a hard nodular mass, similar to those

found in other places. Both supra-renal capsules were enormously enlarged, and very hard to the touch.

The indurated masses, found in the various organs, were microscopically examined by Dr. Bremer, and pronounced sarcomatous.

**Left Ventricular Cerebral Hæmorrhage, Complicated with Bright's Disease, Miliary Aneurisms and General Arterio-Capillary Scleroses.**—Dr. Meisenbach presented specimen of brain and said:—The patient from whom this specimen was taken was thirty years old at the time of his death; married; the father of two children. There is a history of specific disease contracted before marriage, for which he was treated for a period of two years, and at the time of his marriage, about five years ago, considered himself cured. Though he enjoyed good general health, any slight ailment was always attributed to the previous specific disease, and his mind was never totally free from the thought of a possibility of a recurrence of his former trouble.

About four months ago he contracted a cold which did not yield to remedies. A cough persisted, with considerable expectoration, and constant irritation of the air passages; he lost weight, and became impressed with the idea that he was drifting into consumption. Repeated examinations of chest by specialists and others failed to detect any reason for this apprehension. Sputum also failed to reveal the tubercular bacilli.

About one month ago, he began to micturate very often during the night; his urine was examined and a specialist pronounced his malady to be Bright's disease. The urine revealed albumen and casts. Under the use of iron and ergot he improved, and his spirits became more buoyant. On the morning of the 15th the patient rose early, partook of a hearty breakfast, consisting of coffee, bread and butter and cake, and then went to his place of business, a few blocks distant from his residence. Being constipated, he had taken on the night before an aperient. Reaching his place of business, and feeling the desire to relieve himself, he went to the closet in the rear of the store. A noise in the closet attracted the attention of the clerks, who, rushing out, found him still conscious, but paretic. He was transported in a wagon to his home, and visited by the speaker two hours afterward. The patient had

lost consciousness shortly after reaching home ; his left side was paretic, the pupil of the right eye dilated, giving no reaction to light ; the pupil of left was firmly contracted and without reaction ; occasional spasmoidic twitching of limbs was also manifest. No reaction from this condition occurred, and ten hours afterward he breathed his last.

*Autopsy.*—Reflection of the scalp revealed a contusion at the left occipital region, produced by striking his head in the closet ; skull moderately thick ; dura easily detached from calvaria. Removed dura and brain intact ; slitting up the dura along longitudinal sinus, the latter was full of blood ; divided falx cerebri, and tentorium cerebelli, and reflected them. Considerable hæmorrhage followed upon removing tentorium cerebelli from transverse fissure, due to tearing of the arachnoid and pia in the transverse fissure ; cerebral veins much injected. No evidence of hæmorrhage at base of brain ; circle of Willis intact. A section horizontal and on a level with upper surface of corpus callosum was made ; upon removing the roof of the lateral ventricles there was revealed an immense hæmorrhage into the right lateral ventricle, from the lenticulo striate artery, which Charcot very appropriately terms the “artery of cerebral hæmorrhage.”

**Echinococcus of the Brain—Operation by H. H. Mudd, M. D.**—Dr. Bremer presented the specimen and said: This specimen was removed yesterday by Dr. Mudd from the brain of a child, and proves to be an echinococcus cyst. It was at least the size of a very large hen's egg. Here is a portion of the growth, and also a microscopical section which shows the larvæ of the tenia echinococcus, as found in the dog. It is, no doubt one of those unfortunate cases in which a child handled a dog infected with the tenia. These animals lick their anus, when itching from the action of the worm occurs ; the eggs of the latter, will, in this manner cling to the tongue, and are thence transferred to other objects, the hands of a child, for instance ; from thence to the mouth and the stomach of the child, the road is not long. In this instance, the organism found its way to the brain, where it produced the various brain symptoms, and external phenomena which were present.

The clinical features of the cases are as follows. The patient was a young girl, æt. eleven or twelve, who had always been healthy, never having suffered from any considerable disease ; and in July and August last she was suddenly taken with intense headache. This headache lasted for several weeks, and was diffuse in character. In October the discovery was made that on the right side, about two and a half inches above, and a little anteriorly to the external meatus of the ear, there was a soft spot in the skull ; at the same time

a small tumor made its appearance, which could be made to disappear by pressure. If the pressure was removed a thin plate of bone, resilient, would pop out, after the fashion of the bottom of a tin pan, with a snap. The tumor finally enlarged and the headache disappeared, but various motor disturbances made their appearance. In the first place there was a paralysis of the facial muscles on the left side; there was a considerable weakness of the arm and a dragging of the left foot. When, at the request of Dr. Mudd, the case was seen, there was left sided hemi-paresis, accompanied by a tremor of the left arm, the child carrying it, as paralytics will do, supporting it with the right hand. The leg had at one time been more implicated; there also had been solitary spasm of the leg, twitching and trembling, but now in a less degree. No vomiting. No headache of late. No vertigo. Choked disk. No mental hebetude, but lack of initiating conversation.

The swelling of the side of the head had reached a circumference of a silver dollar, more or less, and there was still noticeable this peculiar softness on pressure and resiliency.

For operation, there was no localization necessary—*h* point of operative interference was clearly indicated by the tumor.

There was another feature of this case—left-sided homonymous hemianopsia—the child did not see toward the left side, but central vision was good. Sensation seemed unimpaired. At that time the opinion was expressed that there was present a tumor, probably an osteo-sarcoma of the right side, invading the substance of the brain, and pressing down through the corona radiata on the optic tract. The tremor of the arm indicated a pressure on, or interruption of conduction on, the fibers of that part of the corona radiata connected with the arm center. There was, therefore, a destroying lesion giving rise to paralysis; and an irritative lesion, giving rise to constant tremor. The operation being performed, an osteo-sarcoma, as predicted, was not found. On the contrary, there were a number of cysts. These cysts extended downward into the substance of the brain, in the corona radiata, close to the lateral ventricle. A vision for the first time into the living lateral ventricle was then afforded, and to the speaker it probably will be the last, because he did not believe much in the surgery of the lateral ventricles, which is now being discussed as a part of cerebral surgery. Evidently not much nerve substance had been destroyed, but the fibers of the corona radiata have simply been pushed asunder by the cyst. The characteristic animals which inhabit the cyst were responsible for its formation. It is to be hoped that there are no other organs in this patient's body affected with this parasite.

April 4, 1891.

**Removal of Fragment of Steel from Vitreous by Electro-Magnet.**—Dr. Charles Barck stated, the case he was about to report was one of successful extraction of a piece of steel from the vitreous humor by means of an electro-magnet. Its interest resides chiefly in the unusually good vision that has been finally obtained. The patient is forty years of age; his left eye received a severe injury about fifteen years ago, in consequence of which his vision with it is very poor. On November 13 of last year, his right eye was pierced by a piece of steel. He was under the care of an oculist in this city for eight days; the speaker saw him first on November 21. There was then a small horizontal scar at the inner upper margin of the cornea, about one line long; corresponding to this, there was a small perforation of the iris, and at the point of perforation adhesion to the lens capsule; the pupil was dilated in consequence of the instillation of atropine. Nearly the whole lens was opaque from traumatic cataract, a streak was visible extending from the anterior to the posterior lens capsule, from upward somewhat downward, clearly indicating the direction the foreign body had traveled, besides in the vitreous there was a small opacity with a somewhat metallic gray, yellowish reflex. The opacity and the reflex in the vitreous could not be seen very distinctly on account of the existing cataract, yet the conclusion was authorized that the foreign body had passed through the cornea, iris, and lens and was located in the vitreous. The same diagnosis was arrived at by Dr. Hunicke, of this city. We therefore concluded, if possible, to remove the foreign body from the vitreous. The operation was performed the next day, November 22. The corneal section was made downward, an iridectomy done, the debris of the lens opened, and the electro-magnet introduced. The foreign body was located deeper than we had at first supposed, and only after the introduction of the magnet several times was the foreign body secured and removed. It was about one line long, and half a line wide. The healing process was regular and uninterrupted; the opaque masses of the lens which were left gradually underwent partial absorption, but much was still retained. On March 1 this was operated on by the needle operation and a tolerably round pupil was obtained. His vision is  $\frac{2}{3}$  with convex glass or twelve dioptics, and with a convex lens of fifteen dioptics he reads Snellen No. 5. The vitreous is completely clear and transparent and the fundus can be recognized distinctly.

**Glioma of Eye—Enucleation.**—The speaker presented also a specimen of glioma of the retina, which was removed eight days ago from a child, two years of age. The parents noticed the disfigurement about four or five months ago. The appearance was the common one, the typical, white yellowish

reflex of the fundus. The glioma fills nearly the whole vitreous, only a small portion of it being left.

Dr. Williams said.—Some years ago he had a case in which a piece of steel or iron was projected into the vitreous chamber of a young man, but it was impossible to locate it. Dr. Barck assisted in an effort to remove it, but after repeated trials (eight, ten or twelve times), we failed to secure it. The patient afterward went to Chicago and there the eye was removed. A few days ago the speaker saw a middle aged man who had a piece of steel in the vitreous chamber. He presented himself a few minutes after the accident; a small cut was visible in the sclerotica on the inner side of the ball just over the insertion of the internal rectus muscle. The foreign substance had missed the lens entirely and entered the vitreous chamber, and had doubtless lodged in the upper and outer portion of the vitreous chamber. A line of blood could be traced through the vitreous humor from the point of its entrance to the point mentioned, but the body itself could not be seen. The advisability of trying to remove the body by the electro-magnet was suggested, as this was the only thing to be done, the eye being probably hopelessly lost, and sooner or later its enucleation would be necessary; the foreign body was not removed. He said he would think about the matter and report the next day, which as usual he did not.

In regard to the glioma, this is an affection peculiar to young children, and malignant in the highest degree. Removal of the affected globe is the only thing to be done. It will, however, return sooner or later without any question.

Dr. Dickinson :—Glioma will usually return, but not always. We have authentic histories of cases which after operation have not returned; one occurring in this city had not returned after thirteen years, though they usually return after a few months.

Dr. Williams said :—In that case he would call in question the diagnosis; it may have been something else, which was mistaken for glioma. He had seen a lady in this city, a grown person, twenty-seven or twenty-eight years of age, who was blind in one eye, and the fundus was filled with a substance exactly like glioma in a child; and he came to the conclusion that it was a glioma in a grown person, which is a very rare occurrence. The nature of the trouble was explained, and she was told that in all probability it would be necessary to have the eye removed, yet advised postponement for the present and meanwhile keep watch of the consequences. He saw the case repeatedly afterward for some years; the tumor did not increase in size, nor was she operated on. The diagnosis was later made of tuberculosis of the choroid, and not malignant, but its appearance was exactly that of glioma of the retina in a child. That lady is still living, and is well and stout, but she is blind in that eye, which

presents a peculiar yellowish mass at the bottom of the eye, which doubtless is tubercular.

Dr. Pollak stated : — In 1875 he removed the eye of a nun, eighteen years old, which evidently was affected with glioma, at least it certainly had that appearance. The eye was removed and seen by Dr. Bull, now of New York, but then living here. Half of the specimen was sent to Dr. Knapp, of New York, who, after making a microscopical examination, unhesitatingly pronounced it a glioma. It never returned, the nun is still living, being now thirty-four years of age.

Dr. Charles Barck : — My experience in removal of foreign-bodies by the electro-magnet is limited to six cases. In three of these the patient was seen immediately after the injury, and the foreign body could be seen with the ophthalmoscope. In two, vision was lost in consequence of the loss of the vitreous from the severity of the injury and consequent shrinking of the eyeball ; in one there was a small amount of vision. The speaker had seen two cases in which it was impossible to locate the foreign body in consequence of the complete cataractous condition of the lens. One is the case mentioned by Dr. Williams, the other was seen in consultation with Dr. Michel, in which he tried in vain to find the foreign body with the electro-magnet immediately after the occurrence of the injury. The eye-ball was removed and the piece of steel was found sticking firmly in the retina at the edge of the optic nerve.

In cases of glioma our prognosis must always be given with great caution. These tumors are very malignant, and metastases or extensions to the other eye and in the brain are very frequent and very dangerous. Forty or fifty years ago the advice of the most famous oculists was not to enucleate, or do anything in such cases, as they would recur. Opinion has since changed, and there are relatively a large number of cases on record where no metastases have followed.

April 11, 1891.

**Necrosis of One Segment of Semi-Lunar (Aortic) Valve.**—Dr. Mulhall : The pathological specimen presented illustrates a cardiac condition, permitting aortic regurgitation ; two segments of the semi-lunar valves are quite healthy, while the third has almost totally disappeared. The specimen also shows the absence of the two most ordinary changes of the aortic cartilage, namely, interstitial endocardial changes and atheromatous changes of the aorta. What process determined the selection of one segment of the semi-lunar valve, leaving the others intact, is worthy of inquiry. The history of this case is quite interesting, because the question during the life of the patient was,

whether the other symptoms had anything to do with those of his heart? The cardiac condition was deemed only incidental. His symptoms were simply those of continued fever and dyspncea, and usually a dry cough; the fever rising as high as 103, 102 or 101, sometimes absent for a day or two and again present. The diagnosis of malarial fever was first made, but to avoid the imputation of making this designation a cloak for ignorance or doubt in the case of difficult diagnosis, every scientific means of making a diagnosis was invoked. Patients affected with hepatic abscess may have no other symptoms of fever, and in the presence of this clinical sign, viz., the tremendous difference between the upper line of hepatic dullness in decubitus and standing up (it was fully two and a half inches), and in view of the continued fever, and an absence of any condition of the body to account for it, the diagnosis of hepatic abscess was suggested, and Dr. Dalton was called in, made exploratory demonstrations, aspirated in four or five different portions of the liver, but found no pus. The urine was examined for the presence of pus by the various tests, and in fact the various secretions of his body were accurately examined. We therefore held to the original diagnosis, that the case was one simply of chronic malaria, and that the aortic regurgitant lesion had little or nothing to do with the other symptom, which the post-mortem seems to justify. In the first place the regurgitant lesion simply involves one segment of the valve; in the second place there is no hypertrophy or dilatation of the left ventricle, and no distension of the mitral orifice. The mitral orifice admits simply the point of the finger. The entire organ was not very much enlarged. Again the post-mortem discloses no changes in the organ, incidental to regurgitation of mitral orifice. The liver and spleen were not very large; the mucous membrane of the stomach showed no symptoms of long continued congestion. The course of treatment commonly used in chronic malarial fever was employed, with all discrimination possible, yet without any benefit whatever. The persistence of the febrile condition for a period of five or six months naturally emaciated him very much, but his heart showed little or no signs of failure, there was no oedema or anasarca. He finally, some two weeks ago, went to Eureka Springs, thinking a change would do him good, and it did; but unfortunately, the day before his death, assuming to treat himself, consulting no physician there, he took a vapor bath, and he remarked that it was very cold, and he did not react. Instead of now calling in a physician, he took a warm bath to produce external warmth; in a couple of hours afterward, he began to expectorate bloody serum, and in two hours afterward, died.

Dr. Hurt: The cause of the fever here is certainly mysterious. In order to have fever there must be present in the

system an excessive activity in the process of oxygenation, or else there must be a tendency on the part of the system to retain heat. Heat is not normally eliminated, and the case reported suggests the question, what was the cause of the continued high temperature?

Dr. A. B. Shaw said the report of this case reminded him of one which, unfortunately, had commanded his head and hand for nineteen weeks, the patient now being in the thirtieth week of continued fever. In this case also there is mitral regurgitation, which has been present for four or five years. The patient is a girl, æt. eighteen. The entire catalogue of therapeutic agencies has been exhausted in efforts to arrest the fever, but to no good purpose, and now the "expectant treatment" is adopted, reinforced—contrary to the teachings of many—by the administration of iron. Under this treatment his patient seemed little better.

Dr. Bremer said.—In regard to the cause of death of this patient, he did not believe he died from chronic malaria, but from the effects of the hot bath, superadded to the heart lesion. Nothing is more prejudicial to a person with heart disease than the hot bath, especially Turkish baths. Very many people are killed by this antiquated relic of barbarism; it is only adapted to the physical giant. A person on leaving a Turkish bath may feel different from what he did before, but in our neurasthenic age, this is a very dangerous institution—a public nuisance—and there is such a harmful superstition prevailing among the laity that the warm bath, and especially the Turkish bath, is highly beneficial, that many people rush to these baths, and get weaker and weaker, and more miserable after each bath. The same fanaticism impels a man to go to a quack, who tortures and maltreats him; the patient believes he is getting better, until he dies. The speaker knew two patients who died from the effects of Turkish baths; and a number of neurasthenics, who are absolutely ruined by taking Turkish baths and hot baths, who have been in the hands of masseurs and colored gentlemen, who pound them. Such conditions as this, of eccentric hypertrophy of the heart, can not bear such treatment; it may be there is no fatty degeneration, but a condition like that will always involve more or less the automatic ganglia of the heart; the nerve tissue does not proliferate under any circumstances. This immense mass of muscular tissue is expected to contract rhythmically by the same amount of nerve tissue pressed by the heart of normal size; of course, there must be inherent relative weakness, instead of increased strength, in consequence of the increase in the bulk of the muscular elements, and a corresponding increase in the nerve power is not behind it. Such persons, if they receive a blow, will faint, and if they receive a shock of any kind, either emotional or by the hot bath,

will faint. Many people who faint after taking a hot bath thereby take warning, and never go near it again.

Now in regard to lesions; there has been a destructive lesion; but there is only one destroying lesion about the valves of the heart, and that is a malignant endocarditis. Hearts have been sometimes demonstrated here in which the patients died from malignant endocarditis. Dr. Dalton last year presented one in which one valve was destroyed and the other two were intact. We cannot determine why one valve only and not the others is destroyed; but sometimes just one valve is attacked, or one valve and a half, and destroyed, and the person lives under the defect. The speaker said there are two organisms, which, according to his experience, are answerable for this state of affairs; the one is the staphylococcus albus, or more frequently the staphylococcus aureus, and the other the pneumococcus. Such lesions are sometimes found in pneumonia; the case presented by Dr. Dalton was one in which a malignant endocarditis had supervened on a pneumonia or co-existed with pneumonia. This pneumococcus or staphylococcus has the power of destroying the valve; that is to say, of producing a coagulation necrosis by the poison which they secrete—the neighboring tissues coagulate and necrosis takes place, and that means the destruction of the valve. Some such process had taken place here, only not with the usual result, of death, but the patient got well; in all probability the micro-organism, whatever it may have been, probably the less harmful of the two, the pneumococcus, disappeared, was killed or re-absorbed in the blood stream. The speaker had previously demonstrated a heart, affected with malignant endocarditis; and the question was raised why, just at the mitral orifice, these organisms are deposited and proliferate? It is simply for this reason: The staphylococcus is an oxygen-devouring agent; it cannot exist without oxygen. The greatest amount of oxygen is right there, just at the aortic orifice. It may be said there is also a great amount of oxygen at the mitral valve. This is only a theory; we cannot explain why it is not at the mitral valve, in preference to the aortic valve, that these organisms will be deposited and find the conditions of life, proliferation and development. The speaker, therefore, thought this was primarily an infectious disease; the micro-organisms, which were deposited accidentally on one valve, produced a coagulation necrosis and consequently a disintegration of the valve. Then came the eccentric hypertrophy as a measure of compensation, and hypertrophy of the heart means, not an increase of force, but in reality a weakness of the heart; because there is not the same enervation which there ought to be to supply the increased demand. The compensation on the part of the nerve elements does not take place in the same ratio; the hot bath doubtless kills the man.

Dr. Gregory, referring to the automatic ganglia of the heart, and the disproportion between the forces of those ganglia and the forces of the ventricle, said he understood that the automatic ganglia is a part of the apparatus of the heart—a very important nerve center, and admitted that the increased size of the ventricle resulted from increased functional activity; that there was a corresponding increase of nutrition, and that increased nutrition corresponds to its functional activity; but he could not understand how this increased functional activity of the ventricle should occur, without an increased functional activity of the ganglia, as well as of the ventricle; and there being an increased functional activity of the apparatus of the heart, why does there not a corresponding increment in all the forces ministering to the heart necessarily result? So that if the ventricle was increased in its force, there must be a corresponding increase in the force of the automatic ganglion. The first agency or influence to increased nutrition which ends in the production of an increased ventricle may take place in the automatic ganglia; and with the increased functional activity there is an increased nutritive activity; so they must necessarily co-ordinate, one with the other.

Dr. Bremer responded.—To this objection of my friend and teacher, of the automatic ganglia of the heart being the chief ganglion, that is Remak's, a mass of cells, is situated at the termination of the vena cava. If that portion in the frog—in an excised frog's heart be intact, the heart will continue to beat rhythmically; whereas, if it is destroyed there is no rhythmical action. The inherent potentiality of the automatic or self-regulating ganglia of the heart is a very difficult matter to understand; it is also difficult to comprehend why an anatomical increment results from increased functional demands, though we see it every day as a fact. To obtain a clear understanding of this matter in an hypertrophied heart, we must take into consideration the anatomical changes that take place. What does such an eccentric, hypertrophied heart abnormally contain, so far as the anatomical constituents are concerned? It is not muscle fibres, for muscle fibres themselves are, with extreme rarity, increased; but there is an increase of connective tissue, and an increase, of any histological elements anywhere, does not presuppose nerve action. Far from that. Look for instance at the inflammatory process. Is there any nerve action? The leucocytes are in no way connected with the body; but they instigate the production of an immense number of fibre blasts, and there results an immense proliferation. There is sometimes this exuberance process, but this is entirely independent of the action of the nerves. Any histological element of the body, whenever it becomes irritated, by tension, mechanical or

chemical, will have a tendency to proliferate; cells will divide; and there is an apparent hypertrophy. But we must distinguish between an actual hypertrophy and an adventitious formation of connective tissue. Such hearts as this sometimes show the greatest degenerative changes; and if there was a constant harmony between the muscle tissue and the nerve tissue, there never would take place what really is the usual result—fatty degeneration. The speaker had seen bullocks' hearts, which at first sight appeared to be all muscle, and we should thence infer that the contraction of such a heart would be very powerful; but upon making a microscopical examination, it was very frequently ascertained, that there was not a hypertrophy of the muscle fibres, but on the contrary, an atrophy; and the whole organ consisting more or less of connective tissue. Connective tissue is that tissue which, most of all, is likely to proliferate. Where there is atrophy of tissue, nerve or muscle, impaired connective tissue will step in, and overpower the muscular tissue by its immense increase; and such has been the case here.

Dr. Gregory rejoined.—Hyperthropy, in the way we are now contemplating it, is a perfectly normal process under ordinary circumstances. An increase of functional activity was impressed on this heart to meet a single emergency, the result of a morbid process; the morbid process is not in the muscular substance of the heart itself, but in its valves; there is some deficiency; some narrowing; some mechanical condition, that embarrassed the circulation of the blood through the heart; the necessity for abnormal energy was impressed upon the muscular structure of the heart, and necessarily increased the nutrition; and, nutrition being increased, there is a corresponding increase in its bulk and functional capabilities; it is a perfectly normal process. I can not therefore understand how a perfectly normal process of that kind could be disassociated from a corresponding normal change in the forces themselves, that minister to the heart. So when we have a normal hypertropy to meet a certain emergency or strait in the circulation, there is a corresponding nutritive activity in all the components. I agree with my friend that the morbid process to which he refers, may take place directly as a result of vegetative forces in the tissues themselves. I can understand that simply the vegetative forces of the parts, in which an irritant exists, will necessarily cause an increased vegetation of the heart, as the result of this irritation. This is an abnormal condition; but when one of our muscles or a group of muscles is increased, in consequence of the imposition of certain additional labor on those muscles, it is a perfectly normal process; as much so as that change, which takes place in the arm of the laborer or blacksmith. I can not disassociate the nerve apparatus, ministering to this muscular apparatus itself; I must

believe that they co-ordinate in this nutritive activity; and the agency that brings this about influences alike the organ, which is the seat of the hypertrophy, as well as all the apparatus ministering to that part.

**The Number and Appearance of Tubercl Bacilli in the Sputum after Tuberculin Injections.—Dr. Bremer.**—I have brought with me to-night a specimen of tuberculous sputum for the inspection of the Society. The specimen has been prepared after Ziche's method, with carbolo-fuchsine. The sputum was handed me for examination by Dr. Mulhall. It is obtained from a patient who is undergoing the Koch treatment.

Among the first published reports on the Koch method was one of Fraentzel, of Berlin, who claimed that the form of tubercle bacillus was materially changed by the tuberculin when introduced into the circulation. He asserted that after injection the bacilli lost much of the staining facilities, that they became smaller and more slender, assumed the biscuit shape or that the rods were composed of a number of coccus-like formations.

If the sputum which I submit to your examination is an example of what Fraentzel saw and described. I must say that I have seen, time and again, like others, the same in the many sputum examinations which I have made since the day that Ehrlich's method was first published.

Some time ago, I received from a friend, one of the slides which were advertised and for sale in Berlin, showing the bacilli as they appear after tuberculin injections. The forms that I saw there were old acquaintances.

In the specimen which I have to-night placed under the microscope, some of the microbes show the forms which have been described as characteristic of tuberculin action.

They are present in immense numbers, so that the droplet of sputum, which was subjected to the staining process, may justly be said to have been a pure culture of tubercle bacilli, exhibiting various stages of a retrogressive metamorphosis.

To my mind, the explanation of this often observed fact is the following, viz. :

Nearly all observers argue that cough and expectoration increase after tuberculin injections. With increased cough, little round, whitish, more or less globular bodies, which are often formed in cancers, and which consist of almost pure cultures of the parasite, are expelled and are made accessible to microscopical examination. Iodide of potassium, which has of late been proposed instead of tuberculin by an investigator, for diagnostic purposes, will probably have the same effect.

Specimens like the one which I have prepared for your examination, I have often seen in ante-tuberculin days.

### Melange.

The Number of Medical Practitioners in Paris is stated to be 2,200. As the population of the French capital is 2,300,000, this gives a proportion of one medical man to about every 1,000 inhabitants.

The Academy of Medicine of Baltimore is defunct. Instituted in May, 1877, by a number of the older physicians of the city, it began an unpopular career by requiring that candidates for membership should have been ten years in practice. Later it relaxed so far as to permit those excluded, to enter upon the presentation of an acceptable thesis.

A New Interpretation.—An English quack was recently brought before the police court for practicing without due qualification, who, in defending the use of the characters M. D. and F. R. S. after his name, said they meant "money down" and "Fosterer of Real Science." The individual's genius, however, did not save him for he was fined twenty pounds M. D.

The Missouri State Medical Association will hold its next annual meeting at Excelsior Springs, May 19, 20 and 21. Attention is drawn to this fact, as there has been a postponement on account of the meeting of the American Medical Association, which convenes early in May. The railroad fare is one and one-third for the round trip, providing certificates are obtained from the ticket agents at point of departure.

Medical Statistics in the German Empire.—According to Boerner's Imperial Calendar for 1891, there are 18,845 (regular) physicians, of whom 11,009 are in Prussia. In Berlin alone are 1,460, equal to one-eighth of the total, or one physician for 1,134 inhabitants. In some of the provinces, the proportion is somewhat different. Thus, for instance, in the Government Division of Gambinach, there is one doctor to 6,257; Koeslin, one to 4,977; Oppeln, one to 4,770. There are but 4,798 drug stores (privileged) in Imperial Germany; that is, one drug store to 9,312 inhabitants.

Modern Hieroglyphics.—As electro-homœopathy is stirring up some of our weaker brethren in Switzerland, we thought that it might be interesting for our readers to get some little insight into their modes. The principle of the new school has been referred to in Literary Notes of the present number of the JOURNAL. The following is a prescription, ver-

batina et literatim, which is supposed to indicate some treatment:

*S 4<sup>2</sup> + F 1<sup>2</sup> + A 1<sup>1</sup> + Salsa +  
Carbo. a. + Natr. m. morning and evening.*

This is not a puzzle, and no prize will be awarded for its solution (or trituration). It is simply a curiosity.

**Medical Ignorance.**—The following clipping from the Elk Hart (Indiana) *Review* has been sent to *The Medical News*: One of our physicians recently received the following letter from a country physician (?): "Dear dock I hav a pashunt whos phisicol sines shoes that the windpipe has ulcerated of, and his lung have drop intoo his stumick. he is unabel to swoller and I feer his stumick tube is gon. I hav giv hym evry thing without efeckt. his father is welthy, Onerable and influenshial. he is an active membber off the M. E Chirsch and god nose I dont want too loose hym. what shal I due. ans. buy returne male. yours in neede."

**Transactions of the Tenth International Congress.**—It is announced that the first volume of the Transactions of the Tenth International Medical Congress is now ready for distribution among the members and associates. Personal application may be made at the office, Jerusalem Strasse 38, Berlin, S. W., or those who desire that their copy should be forwarded by post are requested to intimate this to A. Hirschwald, publisher, Berlin, transmitting the postage for the volume, which for the German kingdom and Austria-Hungary amounts to thirty pfennings, and for foreign countries ninety pfennings (about ten and one-half d.) Due notice will be given of the publication of the sectional proceedings.

**Death of Charles T. Parkes.**—We reproduce the following from one of our Chicago exchanges: One of the foremost surgeons of the United States has joined the great majority. Dr. Charles T. Parkes, died March 28 of pneumonia. He was born in Troy, New York, August 19, 1842. He received the usual common school education and was graduated from the academic department of Michigan University in 1861. He then entered the United States army and served to the close of the civil war. He was graduated from Rush Medical College in 1867. He was an earnest student of anatomy and became demonstrator of anatomy in Rush in 1868. He was a very fascinating lecturer and imbued many of his students with his own enthusiasm. In 1870 Dr. Parkes became assistant to the professor of surgery, and in 1875 he became professor of anatomy. In 1881 he was elected a member of the board of trustees and in 1887 was elected treasurer of the college. In 1885 and 1886 he was president of the Chicago Medical Society. In 1887 he became professor of surgery; a chair which he held

till his death. He was a man of broad general culture, kindly disposition and among his intimates displayed exceedingly lovable and genial characteristics ordinarily hid under reserve. He was a great friend to the younger profession whom he aided in the blackmail malpractice suits which so frequently result from the tendency of penurious patients to evade bills. He has frequently appeared as an expert in surgical cases. He will be sorely missed by the Chicago profession.

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### Local Medical Matters.

**Three Private Hospitals** are to be added to the growing list contained in this city. This is certainly an indication of prosperity and is a sign, as well, of the fact that St. Louis is at last beginning to obtain sort of a foothold as a medical centre. It has been said that these new hospitals constitute but an indication of more which are to be erected in the near future.

**A New Medical College** is the latest local medical sensation. It is said that this college will be located on South Jefferson avenue. There has been but a rumor to this effect so that it would perhaps be premature to announce anything in connection with it as at all definite. Whether this new enterprise is contemplated to fill a long-felt want, to raise the standard of medical education, or to relieve the overcrowded condition of the other colleges we are not able to say.

**The St. Louis Medical College** is reported to have undergone a radical change in its affairs. The daily papers state that this old institution has been made a part of Washington University. Among the plans which are said to be on the *tapis* is the sale of the old property located at Seventh and Clark avenue, and the erection in the near future of a suitable structure which is to cost about \$75,000. The new location has not been given out yet, although some who appear to be posted state that they would not be astonished to see it on Locust street.

**Accident Insurance** is pretty largely patronized by physicians, and on that account the recent outcome of a local case may be of interest to the profession. Dr. George J. Bernays died over a year ago of erysipelas caused by a cut of the finger of the right hand, which occurred in the course of an operation. The accident insurance company refused to pay the indemnity, claiming that the decedent had had erysipelas upon former occasions and was particularly subject to it, adding some other objections. After the matter had been in the courts for some time the company virtually abandoned its position and settled the matter amicably last month.

## Miscellaneous Notes.

Two children were playing on the sidewalk and a lady passed them.

"She's a grass widow," said one.

"What's a grass widow?" asked the other.

"Gracious! Don't you know that?" said the other, scornfully; "why, her husband died of hay fever."

### A Valuable General Tonic for Females:—

R Syr. hypophos. comp.....4 oz.

Aletris cordial [Rio].....4 oz.

M. Sig.: Two teaspoonfuls before meals.

W. R. Warner & Co. are evidently determined to keep in the van of therapeutic remedies. "Antalgic Saline" appeals to us today for recognition as a remedy for the relief of "headache," also for influenza and neuralgia, and as an antidote of "la grippe" they issue the "Pil. Chalybeate Compound:"

Composition carb. protoxide of iron.....grs. 2½.

Ext. nuc. vom.....gr. ½.

Sig.: One pill every four hours and increase to two pills three times a day.

Antalgic Saline, one dessertspoonful every four or five hours till relieved for headache. The same mode of administration precedes that of the chalybeate pills for "la grippe." — *Weekly Medical Review*.

Wife—"I don't know how it is, but formerly you only had spasms once or twice a year; but now that the doctor has recommended you to take cherry brandy for it, you have them six or seven times every week."

Husband—"Yes, but it always acts."

Epilepsy-Hysteria.—I have used Peacock's Bromides extensively in epilepsy and hysteria, two cases of epilepsy of twelve and fifteen years standing have not returned for two years.

Bower Hill, Pa.

C. W. TOWNSEND, M. D.

The Wrong Animal.—Doctor: "I am thinking of trying an infusion of goat's blood on you."

Patient: "Why, doctor, it's my lungs that need strengthening. My digestion is all right." — *Good News*.

As a tonic in nervous disorders, Cherry Malt Phosphites is attracting favorable attention. Eminent physicians, who have used it, speak highly of it.

**Hay Fever**, said the Moderator, at the Influenza Convention, "may be likened to a tie vote." "Hear, hear!" cried the audience. The eyes and nose both appear to have it.—*Chemist and Druggist*.

**Antikamnia** as an antipyretic is rapidly taking precedence of all of this class of compounds.

A few trials in cases of headache, of a nervous origin will establish its virtue in the opinion of physician prescribing it.

"Didn't the poet from whom you were reading refer in one of his lines to 'the germ of immortality'?" inquired Mrs. Brixton, of her husband. "Yes; but that strikes me as carrying the microbe theory too far."

We call attention to the advertisement of Dr. Edw. Borek's private hospital for the treatment of surgical cases. Dr. Borek is well and favorably known to our readers.

"That doctor is the most dressy physician I ever saw."

"You think so?"

"Yes. Every time he goes out on his visits he looks as if he had just come out of a bandbox."

"I see. Dressed to kill." — *Boston Courier*.

**Dr. W. S. Hoy**, of Wellaton, O., Medical Examiner and Surgeon for the B. & O. S.-W. R. R., says: "I am not in the habit of giving testimonials, yet unsolicited I desire to say to the medical profession that in all forms of heart complications, Cactina Pillets (Sultan) will not disappoint them. It is to the heart what quinine is to malaria. My extensive use of the drug as prepared by the Sultan Drug Co. fully warrants me in saying that it has no equal in the treatment of Tobacco Heart, Angina Pectoris, Intermittent Pulse, Cardiac Palpitation, Anæmia, Dropsy resulting from heart disease, Heart Failure, Cerebral Neuralgia, and as a certain heart nutrient and strengthener. It will not disagree with the stomach and is entirely devoid of accumulative action.

A young practitioner, after some four or five years' practice, took to himself a wife, and being desirous of combining business with pleasure, he decided to spend the honeymoon in Chicago, and while there take in the Polyclinic on abdominal and pelvic surgery, and on his return quite innocently remarked that he had had more experience with the abdomen and pelvis during those two weeks than he had had for five years previously! — *Ex.*

YARDLEY, PA., July 15, 1887.

DEAR SIRS:—I postponed writing you regarding the Natrolithic Salts (Health Restorative Co.), until I had given them a thorough trial. Feeling confident now that they have stood a right test, I feel it my duty to inform you as to the result: I have used the Natrolithic Salts in fourteen different cases, and they have fully supported all your claims, and even more. In two severe cases of gastro-intestinal catarrh they acted very satisfactorily, not causing the disagreeable nausea and depression which accompanied the use of other laxatives. Their action was admired by my patients and

also by myself. In one case of habitual constipation which seemed to resist all the usual remedies, I gave the Salts, and as usual, with gratifying results. As I heretofore stated, I like their effect on the system. They are pleasant to take. There is no nausea or depression, no languor or loss of appetite when their action is completed. In cases of exhausted vitality where constipation exists, I have also tried them with the same good result. In removing indigestible food from the alimentary canal—a common complaint during the hot weather—I prescribe them daily, their action on the bowels being quick and the relief correspondingly prompt.

I trust the profession will give them a trial, feeling confident that they will be pleased with the results obtained.

Yours respectfully, ELLAS E. WILDMAN, M. D.

**Professor.**—"What is inflammation of the pleura called?"

**Student.**—"Pleuritis."

**P.**—"What is inflammation of the meninges called?"

**S.**—"Meningitis."

**P.**—"What is inflammation of the os called?"

**S.**—"Ostitis ! ! !"

From an editorial in the *Medical Summary*, Philadelphia, we quote :

R Chloralamid.....	4 drachms.
spts. vini gallici .....	.2 ounces.
Curacao .....	.2 ounces.

M. A tablespoonful (thirty grains chloralamid) in water, and repeated in four hours if necessary.

**Dr. John Aulde suggests :**

R Chloralamid.....	4 drachms.
spts. frumenti.....	.8 ounces.
Elix. aurantii .....	sufficient to make 4 ounces.

M. Take one tablespoonful (thirty grains chloralamid) in water.

Another popular prescription, extensively used in New York, is this :

R Chloralamid.....	4 drachms.
Tinct. cardamom. comp.....	.2 ounces.
Elix. simplex.....	.2 ounces.

M. Take a tablespoonful as a dose.

**Clinical Observations on Some New Pharmaceutical Preparations.**—In a paper read before the Thirty-fourth Quarterly Meeting of the North Central Ohio Medical Society, held at Mansfield, Ohio, September 26, 1890, Dr. R. Harvey Reed, of Mansfield, says :

"Every age in medicine and surgery has had its fanatics, who seemed to live for little else excepting to ride some particular hobby to death; whilst, on the other hand, every age has had its old fogies who would rather perish than turn an inch to the right or left of the old time-worn rut of their forefathers."

Then after referring most favorably to the non-irritating preparation of cascara sagrada, prepared by Mr. J. Le Roy Webber, Ph. G., the author makes the following statement as to his experience with pancrobinin :

"In this direction, however, we have another 'new remedy' which has gradually engrafted itself into my good graces, which is becoming more and more permanent the longer I use it. This is what is known as 'pancrobinin' and it is a combination of pancreatin and bile, and placed upon the market in form of a liquid and a pill, of which two I consider the latter more preferable."

"In cases where there is a diminished quantity, or even an absence, of these natural products, especially the bile, resulting in the distressing complication of intestinal or duodenal indigestion. I have found this preparation of decided value by assisting the intestinal digestion until the normal functions of the liver and pancreas, but especially the former, could be established.

"In constipation attended with flatulence, the result of an inactive liver, I have found this remedy of great value, promptly relieving the flatulence, and producing natural-colored stools of a normal consistency, in place of the pale ash-colored faeces, or the dry, hard scybala, of the chronic dyspeptic.

"After a careful trial of some three years in a variety of cases affected with constipation resulting from congestion of the liver, and in cases in which there is an atonic condition of the coats of the bowels resulting in intestinal indigestion, I am frank to say that I know of no two remedies that will give as prompt relief to these conditions as the ones under consideration.

"In the one class of cases the pancrobinin supplies the intestine with an artificial supply of bile and pancreatin, which digests the food that otherwise would not be digested, thus giving relief until the real difficulty with the liver can be overcome. In the other class of cases the cascara sagrada tones up the intestine, increases the secretions, which in turn facilitate digestion, and relieves the constipation."—*American Lancet*.

**An Eye to Business.**—A certain doctor, who was noted for a keen eye to business, was driving along the street of a country town, when his horse took fright and ran away. He was thrown violently out of his trap and rendered senseless. Presently he recovered a little from his unconsciousness, and, noticing the crowd which had gathered about him, asked, "What's the matter, gentlemen? Anybody hurt? I am Dr. B—. Can I be of any service?"

"You have seen the advertisement of my universal panacea, I suppose," said the patent medicine proprietor.

"Yes," replied his victim, ungraciously; "I've seen it until I'm sick of it."

"Good! Now take a couple of bottles of it and you'll be all right."—*Puck*.

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## Original Contributions.

THE VAGINAL OPERATION IN EXTRA-UTERINE PREGNANCY. By  
CHRISTIAN FENGER, M. D., Chicago.\*

*Introduction.*—Having been invited by the president of the Chicago Gynecological Society to take part in the discussion upon the question of the treatment of extra-uterine pregnancy at or near term, and having for my associates in the discussion the president himself and professor Parkes, I have chosen, as the part of the entire subject for my consideration, the vaginal operation, elytrotomy, as applied to extra-uterine pregnancy. I have made this choice because, three years ago, I met with a case of this kind and resorted to the vaginal method of operation, because at that time I considered it to be the one indicated under the circumstances. I shall first relate the case, and afterward bring the question of this method of operating, as it now presents itself to me, before the Society for consideration and discussion.

I am very much indebted to Dr. William Mackie, of Milwaukee, Wisconsin, for the notes of the following case, as well as for his extremely able management of the after-treatment. Dangerous and troublesome as this always is, I consider the success due only to his unremitting care and attention. The case was operated upon in Milwaukee during the absence in Europe of Dr. Senn, who, on his departure, requested me to operate on the patient.

J. R., twenty-eight years of age, unmarried, had a single intercourse (her voluntary statement) in March, 1886. A

\*Read before the Chicago Gynecological Society, December 19, 1890.

month later she experienced dragging pains in the right iliac region. She menstruated regularly until June 1886, after which menstruation ceased until November 25. In June she first noticed an enlargement on the right side of the abdomen, which gradually increased in size, the increase being unaccompanied by pain. In November some haemorrhage appeared, which she supposed to be her regular menstruation. It was not periodical, however, as a slight haemorrhagic discharge persisted until the following March. The amount of haemorrhage varied, usually increasing after exercise.

In November, 1886, she first consulted a physician, who diagnosed a fibro-cystic tumor and advised her to enter a hospital. She entered St. Mary's Hospital, Milwaukee, and was under treatment there until the end of January, 1887. During this time the vaginal discharge resisted all treatment, but the tumor did not increase in size. If there was any change, it seemed rather to decrease.

On January 31, 1887, she was admitted to the Milwaukee Hospital. On examination her condition was found to be as follows: A tumor occupied the abdomen, which, on inspection, appeared to be most prominent to the left of the median line. On palpation the outlines of the foetus could be distinctly felt through the abdominal parietes. The head of the foetus lay in the left iliac fossa, and the body was inclined upward obliquely to the right. On vaginal examination the uterus was found displayed upward and to the right. Douglas' fossa and posterior lacuna was pressed downward into the vagina, most prominently on the left side, where, through the thin distended walls, the foetal head could be felt and the posterior fontanelle distinctly made out. Auscultation failed to detect any foetal heart sound, but the placental souffle could be heard over the abdomen most distinctly at a point three inches below the level of the umbilicus and a little to the left of the median line.

The patient had no idea that she was pregnant, and denied, or would not admit, ever having felt any foetal movements. In this respect the patient's statement may be considered perfectly reliable.

About the end of February she had an attack of chicken-pox. On March 2, the vaginal discharge ceased, and on March 6 the placental souffle was inaudible.

On March 13, 1887, the external genitals having been shaved and thoroughly disinfected, antiseptic injections having been applied to disinfect the vagina, liquid diet and cathartics having been given for several days, together with an enema on the morning of operation, with the able assistance of Dr. Mackie, and in the presence of the members of the German Medical Society of Milwaukee,<sup>1</sup> I operated in the following manner:<sup>2</sup>

The patient was anæsthetized and placed in the lithotomy position. After a median incision through the perineum to enlarge the field of operation, the vagina was distended by Simon's retractors, the left index finger in the rectum marking out the extent to which the tumor was covered by the rectal wall, and a transverse incision made in the posterior lacuna above this point by the knife of a Paquelin cautery. Upon entering the cavity a moderate amount of almost clear, sero-sanguinolent fluid escaped, and the head of the foetus presented in the opening. The opening was dilated transversely as far as it was deemed safe, but it was soon ascertained that it would be impossible to deliver the foetus through an opening of this size. I therefore performed craniotomy, and after emptying the brain substance, introduced a biconcave cranioclast and extracted the head, guided by two fingers of the left hand, slowly and with some difficulty, it being necessary to cut away with bone scissors portions of the cranial bones as they presented in the opening. The delivery of the remainder of the body was comparatively easy.

The umbilical cord was ligated as a precautionary measure, pulsation being absent. The foetal sac was thoroughly irrigated with boracic acid solution. Gentle digital exploration of the sac showed that the placenta was attached high up in the left iliac fossa, that it was apparently of normal size and still adherent all over.

Two large rubber drainage tubes, three-quarters of an inch in diameter, were introduced into the cavity and surrounded

1 Verein Deutscher Aertzte aus Milwaukee.

2 Dr. Bayard Holmes, of Chicago, accompanied me with some culture substances, with a view to the investigation of the existence of microbes in the foetal sac and the organs of the foetus. A report of these very careful and valuable investigations was read about two years ago by Dr. Holmes before this Society.

by a packing of sterilized gauze thickly dusted over with salicylic acid to which had been added some tannic acid. The vagina was also filled with this packing. The drainage tubes extended to the introitus vaginae, over which a large antiseptic gauze and salicylated cotton dressing was applied.

At the close of the operation the patient was somewhat collapsed, but toward evening she rallied. Pulse 160 and feeble, temperature 100.5°.

March 14 to 16: Temperature from 99° to 102.5°; pulse 108 to 120. March 16 the gauze tampon was removed from the vagina and cyst. The discharge had then become fetid. The rubber drains were replaced by glass drainage tubes. Evening temperature 103°. After one hour of irrigation with saturated solution of boracic acid, ordered by Dr. Mackie, the temperature fell one degree. A similar irrigation was repeated every three or four hours. On March 17 the discharge was very foetid and sanguinolent, and contained many shreds of broken-down tissue.

March 18: Discharge coffee-colored, containing much placental débris. Evening temperature 102°, pulse 134. Alternate hourly irrigation with boracic acid and two and one-half per cent. carbolic acid solution ordered.

March 19: The urine was cloudy and of a greenish hue, indicating the presence of carbolic acid. After this a two-percent. solution of acetate of aluminium was substituted for the irrigations with carbolic acid solution. On digital exploration Dr. Mackie found that most of the placenta was still firmly adherent.

March 24, eleventh day: Morning temperature normal. A small portion of the placenta came away with the irrigating fluid. March 30, seventeenth day, the placenta was found to be free at the margins, and Dr. Mackie broke it up with the finger and completely removed it. The placenta, as removed, consisted of edematous connective tissue containing numerous calcareous particles. Many of the blood vessels were also undergoing calcareous degeneration. On the following, the eighteenth day, all the foetid odor had disappeared from the discharge, and a week later the patient was allowed to get out of bed.

On May 25 menstruation reappeared. July 14 the patient was discharged from the hospital. On vaginal examina-

tion the uterus was found to be of normal size, but firmly adherent to the left side of the pelvis.

The child was a fully developed foetus at full term, and presented no further signs of decomposition than local desquamation of the epidermis and a slightly grayish color of the skin, indicating beginning aseptic maceration. It was still in many places covered with smegma. All the organs were apparently of normal development. It had no odor whatever, and, as Dr. Holmes' bacteriological investigations proved, was in a perfectly aseptic condition.

The later fate of the patient Dr. Mackie has kindly ascertained for me, and reported as follows: About the end of April, 1887, during the convalescence after the operation, symptoms of commencing pulmonary tuberculosis, an apex catarrh, were discovered by Dr. Mackie. The disease progressed gradually into pulmonary consumption, of which the patient died a year ago, that is, two and a half years after the operation.

*Remarks.*—As to the duration of pregnancy before the operation in this case, it must have varied between ten and twelve months. If we take the single coitus as the point of departure the period would be twelve months; if we take the last regular menstruation, it would be ten months. As no foetal heart sound was heard at any time, it is impossible to ascertain the exact time of the death of the foetus. The indications of development of the foetus to full term, however, would make it likely that death occurred in the eighth or ninth month.

At the time when I first saw the patient, in January, 1887, the symptoms were not urgent, and I consequently considered that I had the choice at the time in operation. In this regard I resolved to follow the advice of Litzmann, namely, to postpone operating in cases where the child is dead, and where, consequently, the life of the child does not have to be taken into consideration, until a time when we may be sure of the cessation of placental circulation. As to this question, it was necessary to take into consideration how long after the death of the foetus we might expect the placental circulation to continue. Werth gives this time as ten to twelve weeks; Litzmann, as five to six months. Schroeder saw a case in which there was haemorrhage from the placenta in an operation performed nine weeks after the death of the foetus.

As in my case it was impossible to know the exact time of the death of the foetus, and as there was a symptom present—namely, the placental souffle—which I considered indicative of placental circulation, I resolved to wait until this bruit had ceased, and operate a week later. As seen from the history, there was a slight haemorrhage at the time of the spontaneous detachment of the placenta. The placental circulation, as indicated by the souffle, lasted for at least five weeks after the death of the foetus. The operation was thus performed one week after the supposed cessation of foetal circulation, at a period when as yet no symptoms of fermentative intoxication or sepsis had appeared.

There is one other feature in the symptoms of the case to which I wish to call attention—the fact that the patient was a young primipara. It is usually stated that we most commonly meet with extra-uterine pregnancy either in old primiparæ or in multiparæ where a long period of sterility has elapsed after the birth of the last child—five to ten years or more. The patients then unexpectedly recognize the symptoms of pregnancy from the experience of former years or find the symptoms of the present condition so different that they hardly believe in the possibility of pregnancy. The difficulty of an early diagnosis is naturally much greater in primiparæ.

I will briefly mention in this place another case of extra-uterine pregnancy in a young primipara, which I have recently seen: Mrs. R. S., of Chicago, twenty-six years of age, always in good health. She menstruated first at thirteen, and was always regular, and continued so after her marriage four years ago. She had never been pregnant. In February, 1890, menstruation ceased. About the middle of March she had an attack of pain low down in the pelvis which lasted a few days. In April a similar attack of pain in the region of Douglas' fossa (involuntary statement by the patient during exploration), was accompanied by the passage of what she considered to be a clot of blood, by pain and vomiting, which confined her to bed for a week. In May she went into the country. At this time the abdomen had already commenced to enlarge. In June she had a severe attack of abdominal pain and vomiting, which confined her to her bed and room for several weeks. After this time the abdomen grew larger and foetal movements were felt almost daily. In September

an almost constant bloody discharge occurred from the uterus. In November, normal labor was expected, and by the end of the month labor pains came on, but ceased after about a week. Examination in narcosis revealed a condition which led to the diagnosis of extra-uterine pregnancy, and expectant treatment was advised.

I was called in by the patient to verify the diagnosis, and found the following condition: Patient healthy, well nourished, with pigmented areolæ in the well-developed mammae; colostrum could be pressed out of both nipples. The abdomen was ununiformly enlarged, a round prominence being seen below and to the right of the umbilicus, extending from this point downward and to the left, filling both iliac fossæ, the left iliac fossa being much less prominent than the right umbilical region. The linea alba was dark brown from pigmentation.

The tumor was semi-solid, elastic, non-fluctuating. No fetal heart sound could be heard, but a distinct placental bruit or souffle could be heard in a round area, four inches in diameter, from an inch below the umbilicus toward the symphysis, the larger half of the area being situated to the left of the median line. No bruit was heard over the remainder of the tumor.

Vaginal exploration showed the vaginal walls to be soft, the vaginal portion of the uterus high up, pushed forward behind and somewhat to the left of the symphysis, soft and voluminous. The fetal head could be felt in Douglas' cul-de-sac as a solid round tumor, not very deep down in the pelvis, and somewhat movable when pressure was made with the other hand over the abdomen. The patient states that from the time of the examination under anesthesia, five weeks ago, fetal movements ceased entirely and the abdominal tumor noticeably decreased in size.

*Diagnosis.*—Extra-uterine pregnancy; death of child five weeks ago; absorption of amniotic fluid. Position of child: Head in left iliac fossa, face towards the sacrum; dorsal side of child toward the abdominal wall; breech in right iliac fossa, near the umbilicus, below and to the right of the latter. Placenta attached to anterior abdominal wall below the umbilicus. Pulse eighty, evening temperature 100°. I advised, as the placental circulation was yet present, as evidenced by

the distinct souffle, and as the child was dead, to wait until the cessation of placental circulation before abdominal section, unless in the meantime alarming symptoms should occur.

The course of the case first reported after the operation was by no means peaceful, as symptoms of severe sepsis, from which the patient barely escaped with her life, made recovery uncertain for some time and necessitated energetic antiseptic irrigation to such an extent as to make the after-treatment an exceedingly trying task.

I call special attention to this point, as I consider it one of the great drawbacks inherent to the vaginal operation.

*Remarks.*—In the following remarks I shall endeavor to review, as far as the literature at my disposal enables me, the questions of the indication for, and the advisability of, the vaginal operation in extra-uterine pregnancy, and its relation to laparotomy for the same condition.

*I. Anatomical Conditions Calling for or Making Possible the Vaginal Operation.*—The vaginal operation is to be considered only when the sac or foetus is located so deeply in the recto-uterine fossa that it pushes the walls of this region downward so as to form a prominent tumor in the posterior wall of the vagina. Further, as stated by Herman, through this vaginal wall, made thin by pressure atrophy, the head of the foetus, which can be recognized by the sutures and fontanelles, the breech or the feet should be felt, so as to make extraction possible without turning. If the softness of the protruding tumor in this place makes it likely that the placenta is here attached and placed between the vaginal wall and the foetus, the vaginal operation should not be done because of the danger of haemorrhage when the incision is made through the placenta.

*II. Frequency of this Location of the Fetal Sac.*—It is generally stated to be a rare occurrence. If we look at nature's way of expelling an extra-uterine foetus, or the spontaneous evacuation when left to take its course, we might be deceived. An extra-uterine foetal sac when the seat of suppuration—that is, when it has become an abscess—will travel on its way to spontaneous opening in the direction of least resistance. The intestinal wall is the place of least resistance; thus elimination through the rectum is common.

Hecker (Bandl) found the foetus expelled through the rec-

tum in twenty-eight out of one hundred and thirty-two—that is, in twenty per cent of extra-uterine pregnancies. This frequency, however, does not indicate that the sac was always located deep down in Douglas' fossa, as the opening into the intestinal canal might be located high up above the rectum in almost any part of the tract.

It is more safe to draw conclusions from the frequency of spontaneous opening into the vagina or from the number of vaginal operations on record. The frequency of vaginal operations is given by Hecker as three out of twenty-six, by T. Gaillard Thomas as three out of thirty; that is, respectively, in twelve and ten per cent. of the cases.

Spontaneous evacuation through the vagina is rare. Ernest Herman, in his most excellent and scholarly paper on the subject of the vaginal operation, read in the Obstetrical Society of London in 1887, was able to collect from the literature only four cases (Schmitt, Santini, Charleton, and Lusk). To this may be added a case reported by Werth, making, up to date, five cases in all.

An abscess cavity low down in Douglas' fossa is likely to open into the rectum, as is so well known from haematoceles and peri-uterine abscesses. Perforations low down in the rectum have been recently reported by Tuttle, of New York, and Autoriello, of Naples, in which the foetal sac could easily be explored and treated through the opening in the rectum immediately above the anus.

From the above considerations we may conclude that in about ten per cent. of the cases of extra-uterine pregnancy the location is so low down as to make a vaginal operation possible.

*III. Prognosis of the Vaginal Operation.*—About fifty years ago Campbell stated that elytrotomy gave a better prognosis for the mother than laparotomy. In nine cases of vaginal operation there were five living mothers and four living children, a maternal mortality of forty-four per cent. At this time laparotomy with living or recently dead children had a maternal mortality of one hundred per cent., as in the nine cases cited by Campbell all the mothers died.

We shall now consider for a moment the respective mortality of the two operations as they have developed from that time until now. Laparotomy, with a mortality of one hundred per cent. in 1841 (Campbell), will be shown to have pro-

gressively a much better prognosis the nearer we come to the present time. In 1880 Litzmann gave a series of forty-three cases with twenty-three maternal deaths, a mortality of fifty-three per cent. His statistics in detail are: Ten laparotomies with living children, nine deaths or ninety per cent; thirty-three laparotomies with dead children, of which ten were performed one to five weeks after the death of the child, with eight deaths, or eighty per cent., and twenty-three performed from six weeks to a year after the death of the child, with only six deaths, or twenty-six per cent.

The low mortality of the last series caused Litzmann to advise earnestly against operation late in pregnancy, after the death of the child, until a sufficient time had elapsed to insure cessation of the placental circulation, provided that no urgent symptoms, suppuration or peritonitis, made immediate action imperative.

In 1889, Leopold Meyer, of Copenhagen, in his most excellent annual compilation and summary, collected from the literature the operations of the previous year, 1888, twenty-four laparotomies with eight maternal deaths, or thirty-three per cent. The same author in his summary in 1890 gives the laparotomies for 1889 as thirty-five, with six maternal deaths; that is, a mortality from all laparotomies late in pregnancy of only seventeen per cent.

It will thus be seen that laparotomy for extra-uterine pregnancy at or near term, irrespective of the condition of the placenta and child, has had the enormous decrease in maternal mortality from about one hundred per cent. in 1841, to seventeen per cent. in 1889. This is in conformity with the modern prognosis of laparotomy for other causes, and is, of course, due almost entirely to asepsis in the operation and after treatment, to better technique, and to clearer indications for the operation.

If we look for similar progress in the prognosis of the vaginal operation, we will find a vast difference between the latter and laparotomy. In 1887 Herman collected from the entire literature twelve operations in which the child was developed in full term, with seven maternal deaths, or fifty-eight per cent.<sup>3</sup> To these twelve cases I have added one published

<sup>3</sup> I eliminate from this consideration the cases in which the foetus had died at or about six months, as the delivery of a small foetus is easier and consequently less dangerous than that of a full-grown child.

by Godson and my own case, in both of which the mother recovered. This makes in all fourteen cases with seven deaths, a mortality of fifty per cent. in cases uncomplicated by any perforation of the foetal sac.

In cases in which spontaneous perforation had taken place into the vagina or rectum, and this condition necessitated immediate vaginal operation, the prognosis, as might be expected, was aggravated by septic invasion into the sac. In four cases collected by Herman three mothers died. In a case reported by Charles, of Liége, where perforation into the intestines had taken place, the mother also died. This makes a total of five cases with four maternal deaths, a mortality of eighty per cent.

We will, in conclusion, exclude the last named class of cases from the comparative prognosis between the vaginal operation and laparotomy.

It will thus be seen that the vaginal operation, even at this date, has a mortality of nearly fifty per cent., laparotomy a mortality of seventeen per cent. These statistics speak strongly in favor of the substitution of laparotomy for the vaginal operation in all cases.

*IV. Dangers of the Vaginal Operation.* 1. *Hæmorrhage.*—In operating through the vagina for any disease in the pelvic organs, there is always considerable difficulty in controlling hæmorrhage, because the field of operation is narrow and it is difficult, or even impossible, to secure bleeding vessels if they can not be brought down into easy reach near the introitus of the vagina.

In extra-uterine pregnancy, where the placenta is the source of hæmorrhage, it is entirely out of reach in the vaginal operation, and any attempt at local arrest of hæmorrhage is therefore impossible. Severe hæmorrhage was noted in four out of the fourteen cases, and was the immediate cause of death in two cases (Rupin and Lawson Tait). In three cases the placenta was removed during the operation (Lawson Tait, Bandl, Mathiesen). In one case (Rupin) the placenta was felt intact. In the remaining ten cases there was only slight or unimportant hæmorrhage. In nine of these cases the placenta was not touched, and in one of these (Chauvenet) it never came away. In the tenth case (Agnew) it lay loose in the cavity and was readily extracted.

Thus it is advisable, in the vaginal operation, that the placenta should be left as far as possible undisturbed, to come away by spontaneous detachment, as Litzmann has advised in the abdominal operation.

Hæmorrhage from the placenta is, as we should expect, often seen when the vaginal operation has been performed in the early stages of pregnancy. From Herman's statistics we find three vaginal operations before rupture of the sac (Thomas, Harrison, O'Hara), with two recoveries and one death. In one of these cases (Thomas) severe hæmorrhage was brought on by traction on the cord. In O'Hara's case the placenta was divided by an incision and peeled out without much hæmorrhage.

In four operations soon after rupture of the sac (Simpson, Lewers, Goelet—cited from Herman—Bernays), with four recoveries, there was severe hæmorrhage in two cases (Simpson and Lewers). In the latter case an attempt was made to remove the placenta ten days after the operation, which brought on severe hæmorrhage. In two of these four cases the placenta was removed without hæmorrhage.

2. *Retention of the placenta* is likely to cause intoxication from decomposition. It is therefore important to know when we may expect the placenta to come away. In the cases recorded the placenta came away on the second day in one case (Hancock) on the sixth day in one case (Godson), on the sixteenth day in one case (Herman), and on the seventeenth day in one case, my own. In the two latter cases the decomposing placenta caused considerable intoxication and foetid discharge, the foetus ceasing promptly after the spontaneous removal of the placenta.

3. *Delivery of the child through the vaginal opening* is often difficult and sometimes impossible in cases near, at, or after full term. To the fourteen cases cited we must add three cases in Herman's series in which spontaneous opening had taken place, and deduct the cases of Lusk, Edis, Caignan and Rupin, because the foetus died in these cases at about the sixth month, making extraction easy, making a total of thirteen cases with full-grown children to be considered, as follows:

(a) *Delivery was impossible* in two cases, and the patients died with the children in the sacs (Smith). Charleton turned, but was unable to deliver the child.

(b) *Craniotomy or cephalotripsy* was necessary in four cases (Norman, Herman, Godson and my own), with two recoveries and two deaths (in Godson's case the thorax was also perforated).

(c) *Delivery by turning* is especially dangerous in extra-uterine pregnancy, as the sac walls are so thin that they will almost always rupture during the manipulations. In the two cases reported (Satini and Bandl) both mothers died.

(d) *Forceps delivery.* Three cases are reported (King, Hancock and Mathieson), all of which recovered.

(e) *Delivery by simple extraction.* In only three cases was delivery by extraction easy : Chauvenet, whose patient lived ; Lawson Tait, whose patient died from haemorrhage ; and Agnew, whose patient is reported to have died from poisoning by permanganate of potassium.

It will thus be seen that the delivery of the child developed to full term, through a vaginal incision, was easy only in three cases, and that more or less difficulty was present in eleven cases. The difficulty of delivery would be a strong argument against the vaginal operation, especially against turning, which is probably always fatal, as Herman has pointed out. We should agree with Herman's seventh conclusion, that if the child cannot be delivered by the vagina without being turned—that is, when the head, breech, "or feet do not present—vaginal section is absolutely contra-indicated.

4. *Sepsis.* It is probably absolutely impossible to keep a foetal sac which communicates with the vagina free from sepsis by any surgical precautions as yet known. Drainage, combined with packing with gauze impregnated by iodoform or salicylic acid, or a mixture of salicylic and tannic acid (Werth), has proved utterly insufficient to secure an aseptic course. Although sepsis was not mentioned in all the cases of unruptured sac, we find that in five (Hancock, Mathiesen, Godson, Herman and my own) of the seven cases which recovered, frequent daily or even hourly irrigations with anti-septic fluids, such as Condy's fluid, iodine water, carbolic acid solution, and boracic acid were resorted to, thus indicating strongly that a more or less grave sepsis was present.

In the seven cases of death there were two from peritonitis (Bandl and Norman) ; two from sepsis (Edis and Caignan) ; and in the remaining three cases in which death occurred

from haemorrhage or poisoning, sepsis is, of course, not excluded.

In the rare instances where there is no sac, and the foetus consequently lies freely movable among the intestines—as in King's case, which recovered, and in which the intestines protruded on the third day; and in Lawson Tait's case, which died from haemorrhage, and in which the intestines protruded immediately after extraction of the foetus—it is possible that we would meet with similarly favorable circumstances for the immediate closure of the abdominal cavity as we find after vaginal extirpation of the uterus, when a simple iodoform gauze drain is sufficient to procure an aseptic course from the immediate closurc of the abdominal cavity. This, however, is a rare condition, and in a great majority of cases we have to deal with the foetal sac, which must necessarily be infected through the vaginal opening, and the patient thereby exposed to an intoxication or sepsis which is beyond control and the outcome of which is at least uncertain.

*V. Vaginal Operation for Suppurating Foetal Cavities.*—When the foetal sac has been transformed by suppuration into an abscess cavity, and disintegration of the soft parts of the foetus has partially or entirely destroyed them, leaving finally only the bones, the conditions are much more favorable, and the treatment has the same indication and prognosis as in abscess cavities in the small pelvis of any other origin.

In eleven cases cited by Herman there were nine recoveries and only two deaths. In this class of cases the vaginal operation is strongly indicated and is preferable to laparotomy. Where the abscess presents in the posterior cul-de-sac there is, comparatively speaking, no difficulty in delivering through a small vaginal opening, and no danger of infection to the peritoneal cavity, which might easily be exposed to sepsis by a laparotomy for this condition.

Vaginal operation early in pregnancy, although not included in the consideration of this discussion, I shall mention in a very few words. It is to-day uniformly condemned by all authorities. Herman has collected six cases, to which may be added a case reported by Bernays, making seven in all. Three of these were operated upon before rupture of the foetal sac, with two recoveries and one death; and four operated upon at the time of, or soon after, rupture, all of which re-

covered. Although the mortality in these cases was only fourteen per cent. dangerous symptoms of sepsis, requiring frequent antiseptic irrigation, were present in five of the seven cases (Thomas, Harrison, O'Hara, Goelet, and Bernays), in one of which (O'Hara's) fatal peritonitis occurred.

However, a retro-uterine hæmatocoele may have had its origin in the rupture of a foetal sac, and a vaginal incision has in a few cases revealed a small foetus as the proof of such an origin. In an instance of this kind in which a thorough diagnosis cannot be made, the vaginal incision is to be regarded as being made for a retro-uterine hæmatocoele rather than for an extra-uterine pregnancy.

In all cases where a diagnosis of extra-uterine gestation early in pregnancy can be made before the time of rupture of the sac, the vaginal operation should never be resorted to, inasmuch as total extirpation of the foetal sac and tube cannot be accomplished by vaginal incision. When the diagnosis is made after rupture of the sac, and operation becomes necessary, the vaginal operation is also out of the question, for the following two reasons: The seat of haemorrhage, the ruptured Fallopian tube, cannot be reached and treated properly, nor can the accumulated blood in the abdominal cavity be properly evacuated. Thus haemorrhage and sepsis cannot be guarded against. Abdominal section is in such cases the only rational and safe way of operating, as all the necessary indications can be complied with by this method.

To return to the subject of to-night, "The Anatomy and Treatment of Extra-uterine Pregnancy at or near Term," I desire to present in regard to the vaginal operation the following

#### CONCLUSIONS.

1°. In case where the foetal cavity is still aseptic, the vaginal operation exposes the patient to danger of sepsis in the foetal sac, which cannot be guarded against. Abdominal section gives far better means of protection against septic infection.

2°. Haemorrhage from the placenta cannot be controlled by the vaginal operation. By abdominal section, on the other hand, ligation of the internal spermatic and uterine arteries, as devised by Olshausen, can be accomplished as a means of

checking haemorrhage from the site of a removed placenta in the territory supplied by these vessels. Abdominal section further permits of ligature *en masse* of the bleeding portions when the placenta has been divided at the place of incision.

3°. Delivery of the child at full term is usually difficult, and thus dangerous to the mother, by the vaginal operation, but easy by the abdominal operation.

4°. If the fate of the child is to be considered, the vaginal operation must be abandoned and replaced by abdominal section.

5°. When suppuration has set in in an extra-uterine pregnancy presenting low down in the small pelvis, and the placental circulation has ceased, the vaginal operation may be considered in comparison with the abdominal operation.

6°. The vaginal operation is strongly indicated in old suppurating foetal sacs, with disintegrated foetus presenting in the vagina.

*Final Remarks.*—The vaginal operation is condemned by a number of modern authors, among whom may be mentioned Werth, Olshausen, Lawson Tait, Thornton, and others. At the Gynecological Congress at Freiburg in June, 1889, Olshausen condemned the vaginal operation as well as drainage into the vagina after laparotomy in such cases.

As an advocate of the vaginal operation Landau stands isolated. He stated that he had performed thirteen vaginal operations and lost only one mother. As his cases have not been published in detail, this material is not available for consideration here, and can have no influence on the conclusions above stated.

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## Correspondence.

### DOCTORS AS DRUGGISTS.

#### EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

This time we enter the arena somewhat disfigured (?) by the article from the pen of our friend, Dr. Scholz (May issue of the JOURNAL). There is only a portion of his argument that demands any attention—the remainder is respectfully submitted to D. M. B. The quotations taken from my article in your April number are *incomplete* and *incorrect*, as Dr. S., will discover if he will read the article again. I did not state as the quotation by Dr. Scholz would impress the reader, that it "is inadmissible to put tincture of gentian and tincture of chloride of iron together." I did assume that putting the aforesaid *tinctures together and adding simple syrup did not make an "elixir of gentian and iron"* as called for by the prescription. I will ask Dr. Scholz, who by the way is a druggist and the owner of a drug store, to read the formula for making "elixir of gentian with tincture of chloride of iron" (N. F., page 24) and see if my statement is not correct.

Very respectfully,                    E. McD. BRIDGFORD, M. D.  
1751 N. 11th Street, St. Louis.

[June,

## Editorial Department.

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### THE AMERICAN MEDICAL ASSOCIATION.

The Forty-Second Annual Meeting of the American Medical Association is now numbered with the things of the past. It has come and gone, and has not produced more than the usual ripple on the placid surface of medical affairs. There was a good attendance, a large number of papers read, and all in all, it was up to the average to which we have become accustomed. There were some occurrences which show the apathy that has settled upon the members, and unless there is some rattling of dry bones, it will increase and spread its baleful influence. Thus, the Rush monument committee can not raise funds. A few dollars are subscribed, and nearly the whole amount is swallowed up by the expenses. In seven years there have been collected a little more than nine thousand dollars. The most strenuous efforts on the part of the committee appear to have been utterly futile.

The Section on Dermatology and Syphilography has resulted in a most lamentable failure. The chairman of the section reported that but two papers had been secured, and that he could not find the secretary of his section. This latter officer, so far as we know, did not correspond with any dermatologists with a view of securing papers from them, and this may partly account for the apathy displayed. There is no doubt whatever that if a little activity were shown, this sec-

tion could be made one not only of interest, but of prominence as well.

The committee on State medicine was abolished by providing that the nomination of this committee be placed in the hands of the section on State medicine, which covers the same ground.

One of the principal events of the meeting, and one which had excited a great deal of preliminary discussion, was in regard to the *Journal* of the Association. The trustees made a report, in which it was stated that the circulation of the *Journal* was a little over five thousand four hundred. No editor had as yet been appointed. It had been decided that the place of publication should remain in Chicago, and the recommendation was made that as soon as there was enough money in the treasury, a building for the *Journal* should be erected.

Such are the principal legislative enactments which were adopted during the meeting. A motion to give permanent members the right of delegates was promptly tabled. An amendment to establish State and district branches of the Association was referred to a committee of five to confer with the societies concerned.

Dr. Briggs, in his presidential address, spoke of the *Journal* intimating that it should be made a better publication, and that for this purpose a sufficient income was an absolute necessity. The editor, he went on to say, should be a learned physician and one experienced in editorial work, who could devote his entire time and attention to the publication. To such an editor he thought no less than ten or fifteen thousand dollars per annum should be paid. While agreeing with him on this point, we think that the day is still remote when editorial work will be paid at this rate.

#### EDITORIAL NOTES.

THE RELATIONS OF CONTRACT SURGEONS TO THE GENERAL PROFESSION is a subject which has formed the basis for the work of a special committee of the Medical Society of West Virginia. This committee memorialized the American Medical Association at its recent meeting, and appealed for its active co-operation to effect the redress of alleged abuses. The memorialists asked consideration of the question as to

how far the rules adopted by railroad corporations for the government of the surgeons in their service infringed upon the rights of the profession at large as set forth in the code of ethics of the American Medical Association. It was well known that large bodies of men were in the employ of these corporations, and that these men lived in widely-scattered communities. The corporations had established systems of employing contract surgeons to attend to employees and passengers injured by accidents. It was also well known that these corporations had adopted rules for the government of the surgeons and of those injured, which demanded that these surgeons should assume entire charge of such employees or passengers when injured, regardless of the rights of any outside medical men, who might have been summoned and be in attendance upon the injured prior to the arrival of the company's surgeon, even though the physician first in attendance might be the family physician of the injured person. Notice had been given in most cases by the railroad companies waiving all responsibility in respect of injuries treated by non-contract men. It was assumed by the memorialists that this condition of affairs placed the contracting surgeons in direct conflict with the spirit of the code of ethics, and was an infringement upon the rights of the physician first called. The practice of accepting passes as compensation or in lieu of the regular fees was detrimental to the profession's interests by lowering the standard of surgical services, and was further demoralizing. It gave to these wealthy corporations services at far lower rates than the profession charged to individuals. It seemed that if members of the profession were at liberty to make contracts to furnish an unlimited service of the kind referred to for passes, and in some cases for small fixed money payments, without affecting their ethical standing, all stigma of unethical or unprofessional conduct should be removed from those of the profession who contracted with private individuals to furnish medical or surgical services, including medicines, by the month or year for fixed sums. A special committee was voted to sift the facts in respect to the points alleged in the memorial.

THE DOCTOR'S EARNINGS are not exactly what some suppose them to be and very few arrive at that stage where want is absolutely driven away. *Kansas Medical Journal* states that ac-

cording to Dr. Jarvis' tables, the average of the lives of physicians is fifty-six years. If you begin practice at twenty-four your active-life prospect will be thirty-two years, and from a thousand to fifteen hundred dollars will represent your average yearly income. Now, were you (through God's mercy) to practice these thirty-two years without losing a single day, and collect (say) eight dollars every day of the time, you would receive but \$93,440. Deduct from that amount your expenses for yourself and your family, your horses, carriages, books, periodicals, and instruments; your taxes, insurance, and a multitude of other items for the whole thirty-two years (11,680 days), and then, so far from being rich—you would have but little, very little, left to support you after you naturally reach the down-hill of life, or are broken down in health, and faculties deteriorated, and in need of a physician yourself, through worry, anxiety, and fatigue, in the discharge of your duty.

MEDICAL GRADUATES do not always practice medicine as is shown by statistics. A writer in the *Medical Age* who has followed the progress and career of a number states: These figures mean that of four medical graduates, only one will succeed in getting a good living in the profession of his choice. One will fall out, and the other two will be as much interested in other pursuits as they are in the profession. The mere listing of names and addresses of graduates in a medical college catalogue is no indication of the real means by which these men are getting their living. This certainly shows there is a side to the practice of medicine which it is not altogether inviting to contemplate. The causes of failure are many, but most of these are directly traceable to defects in the laws governing the practice of the profession. When it shall be that the requirements for entering a medical college shall be a liberal education; when the license to practice is vested in a State Board whose requirements shall be high; and when better laws are enacted for the collection of medical accounts, then, and then only, will success in the profession be more assured than it now is, and a man be able to embark in medicine as a life-work, without poverty playing fool with him. In the meantime, many medical graduates must continue to resort to all sorts of outside ventures to gain a living.

## Microscopy.

### TO ALL INTERESTED IN THE MICROSCOPE.

Including those engaged in special investigation as well as those who look upon the instrument as means of general culture and intellectual pleasure.

The American Society of Microscopists will hold its annual meeting this year in Washington, D. C., on the eleventh of August.

This society was organized in 1878 in Indianapolis, Ind., with seventy-five members. It has steadily grown till its membership amounts to about four hundred.

The society has published twelve volumes of proceedings, and the last volume contains a general index which has been separately printed and distributed to over eight hundred libraries in this country containing 5,000 volumes or over, and to many in Europe. Most persons will therefore find an index accessible to them, and we refer to that to show what we have done.

One hundred and forty authors have contributed to these volumes, on the subject of microscopes, accessory apparatus and manipulation, on the results of original investigation in both botany and zoology, and in many of the miscellaneous applications which make the microscope one of the most indispensable instruments in scientific research.

Now the usefulness of this society is capable of great development. The mere size of our country makes it difficult for those interested in any one thing to meet each other and receive the encouragement that springs from the mutual intercourse of people having common interests. This influence alone is not to be underestimated in considering the value of this organization. In the discussions which are a prominent feature of our meetings, the subject treated is often analyzed and elucidated more clearly in a few minutes than an independent worker could do in weeks of labor.

The increased membership of course adds to the value of our proceedings, and augments our prestige and popularity. Every member may and should contribute to this result by

bringing to our meetings original work of himself or others. Such contributions are the best aid to the permanent success of the society by making its records the repository of primary sources of information, viz., the original observations of the first worker.

But besides the papers and discussions and proceedings, there are fields of action yet unoccupied by the society. In obtaining and preserving standard micrometric measures something has already been done. It might be a suggestion worthy of consideration, whether the U. S. Bureau of Weights and Measures is not the best place of deposit for the standard on which so much labor has been spent.

The question of a journal for the society is one which has been several times considered. The mere addition of a new publication, struggling for existence with those already in the field, would be very undesirable. At the same time, there is a possible step in this direction, which would be very advantageous to all interested in scientific investigation, and to the society. The essential condition of fruitful scientific work is, that it shall go beyond that already done, which latter must first be exactly known. But the world is so large and the workers so many, that only by systematic collection of every thing published is it possible to know just what has been done. Only by examining every journal and every publication can we learn what is already known, and when an index thereof is made, it is good for every body. For microscopic science this is done in the journal of the Royal Microscopic Society of London, a journal only used by a few in this country. If our society had a fund invested whereby a part of the expense of this publication could be paid, so as to place it within the means of every member, each member would then have at his command a complete index to the world's literature on the subject of microscopy, and by means of the abstract can in this single journal have at hand the gist of the world's work. No private journal can afford to make these abstracts because of the mass of publications which must be examined and the time and labor involved. Neither would it be wise to duplicate the work done abroad so well; we should use it, and add more thorough abstracts of the work of this country.

Again, the circulation of mounted slides, like books from a library, has been carried on in this country for some years by

the devotion of a few men. This enterprise is of considerable value, and might very properly be under the care of the national society.

The affiliation of local societies with our national society would tend to strengthen both. For various reasons local societies rise and fall, or vary much in activity, the national is expected to be permanent. Under suitable arrangements, cooperation would be mutually helped.

It is occasionally asserted that no such science as microscopy exists. Such assertions are wholly unjustified either by facts or by usage. The mass of literature under the name of microscopy covers a field of knowledge better defined and more homogenous than is denoted by the words anthropology or geography, or even astronomy.

In a society as large as ours, many subdivisions of activity necessarily exist. Specialists should always remember that in a society, toleration of each one's favorite department is an essential condition of cooperation.

The tendency of the American Association for the Advancement of Science at the present time to form smaller independent, but affiliated organizations, gives good reason for the belief in the usefulness of our separate existence, which may at the same time not entirely disregard the larger body, but as has already been the custom for some years, meet near the same time and place.

To the microscopist, as well as the general traveler, Washington offers special attractions. It is prominently the convention city. Its wide streets and numerous parks render it more cool and airy in summer than most cities of the Middle States.

The government laboratories illustrate every department of microscopic investigation on the largest scale and with the best apparatus.

The charges at the various hotels are no higher than in other cities, and those who are willing to rent rooms the numerous private houses where such accommodations can be obtained, and take their meals at the restaurants (which are of the very best character) may bring the expenses of a trip here to a very small amount. Further information on these subjects will be furnished by an additional circular before the meeting, and the secretary will cheerfully answer all communications relating to it.

Wm. H. SEAMAN, Secretary.

**Recent Researches Concerning Human Spermatozoids.**—Mr. E. M. Nelson has contributed to the *Journal of the Queckett Club* a paper on his recent researches into the structure of the spermatozoids, in which he claims to have made out several points in the structure at the spermatozoid not hitherto seen or described. From a summary of the paper contributed to the English Mechanic by a "F. R. M. S." (who does not, by the way, seem to be any too well posted on the subject) we learn that "among the most remarkable" of Mr. Nelson's discoveries in this direction "is a 'dorsal appendage' with nine convolutions, first indicated—though, as the author says, very incorrectly—by Dr. H. Gibbes, and the function of which is as yet undetermined. Next he describes and gives an admirably-executed, clear, and sharp photogramme of a 'filament, with a barb' on the end of the head. This very delicate object was first described and figured in a series of artistic and accurate drawings in a previous number of the same journal, where it was adduced as an illustration of the revelations afforded by the highest and most recent apochromatic objectives and advanced "critical" methods of examination. Few, probably, have as yet seen this somewhat difficult test-object, which the author states he has already demonstrated clearly on several occasions at different meetings; but it is satisfactory to learn now that it can be clearly seen even in an unstained specimen with a *lin. objective*."

That one can see the cilia of a human spermatozoid with a *one inch objective* is indeed—something "satisfactory to learn!" Mr. Nelson probably wrote 0.1 (one-tenth inch) objective, but even this power is, in our own experience, far too low to show the filament. We have tried a number of times to find the appendage with a most excellent homogenous immersion one-tenth of Gundlach's make and which readily resolves the most difficult balsam mounts of amphibleura with central light, but thus far have failed to see it.

Continuing, the correspondent states that "he (Mr. Nelson) further demonstrates that the 'head' consists of a spore contained in a cup; within the former are vacuoles or nuclei, with the occurrence of karyokinesis, and, more wonderful still, the 'extrusion of polar bodies.' The author calls attention naturally to the extreme importance of these to spermatogenesis and embryology, on which, he says, "it throws a flood of light."

The occurrence of nuclei and vacuoles with karyokinesis in the male sperm, and more particularly even "the extrusion of polar bodies," which by such observers as Weissman, Hartwig and others have hitherto been regarded as confined to the female cell or ovum, is indeed an important and unique discovery, constituting a fresh departure in this subject, and altogether supplanting the restricted and antiquated views that have obtained currency up to the present time. Mr. Nelson disposes briefly and completely of some recent speculations as to the existence of shadowy or imaginary structures; and, indeed, shows by the opposite aid of teleological considerations that the existence of such structures is impossible. He pays a graceful and well-deserved tribute to the "great work" of the worthy president of the society, which, as is well known, has completely revolutionized previous ideas and views upon embryology.

F. L. J.

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### Dermatology and Genito-Urinary Diseases.

**Meddlesome Dermatology.**—A very timely note of warning is sounded by Dr. Edward Preble, in the *Columbus Medical Journal*, on this subject. He states very correctly that we constantly encounter in practice conditions of the skin which consist of an aggravation of simple cutaneous lesions by harsh and ill-timed treatment. The measures used may be unnecessarily severe, as in the case of parasiticides, when the physician is unacquainted with the action of these substances upon the skin *per se*; or they may be applied with poor judgment of site, remedies being used on the face which are applicable only to unexposed portions of the integument and on the smooth integument when contra-indicated in connection with a hairy surface; or they may be used with poor judgment of the stage, degree or nature of the disease itself, as when some persistently recurring subacute, localized process is mistaken for a chronic, possibly malignant condition. I have had occasion to note this a number of times. One of the most common phases of this meddlesome tendency is to use caustics or excise lesions which are very amenable to the proper methods of treatment. And it is no uncommon thing to observe the excision of syphilitic lesions (which recur) under the mistaken idea that they are epitheliomatous.

**Epithelioma of Nose.**—At a recent meeting of the New York Dermatological Society, Dr. Allen presented a patient (*Journal of Cutaneous and Genito-Urinary Diseases*), with the following history. The patient had been first seen two months previously, when an epithelioma the size of a small Mandarin orange occupied the region of the nose. The growth had first shown itself one and a half years ago, after a nodule on the bridge of the nose had been irritated. As the patient refused operative measures, the arsenical and chloride of zinc paste recommended by Dr. Lewis was applied over limited areas at a time, until by the end of February the growth was entirely removed, leaving an ulcerated surface. Under aristol in five per cent ointment and application of the dry powder once daily, healing took place over about one-quarter of the area. Evidences of cancer being still present, a 1 to 300 solution of pyotanin had been applied, with further signs of improvement. The paste above referred to is Bougard's paste whose formula is as follows:

B Wheat flour.....	60 parts.
Starch.....	60 parts.
Arsenic.....	1 part.
Cinnabar.....	5 parts.
Sal ammoniac.....	5 parts.
Corrosive sublimate.....	½ part.
Solution of chloride of zinc at 52°.....	245 parts.

M. This must be carefully prepared and kept well covered, or it will not keep.

**Mortality of Syphilitic Children.**—In a paper on hereditary syphilis, Dr. L. Jullien calls attention to the fact that children affected with congenital syphilis are subject to a frightful mortality (*Annales de Dermatologie et de Syphiligraphie*). He states, as an example, that out of one hundred and sixty-two children born at term, sixty-nine died, and ninety-three survived. And yet of the latter he considered that many had died since they were observed, as they were very young when seen. To give an approximate idea of the proportion of deaths he cites the example of a woman having all the marks of a well-developed and rather late syphilis. She had been married twice and was pregnant twenty times. Although no child was born prematurely there remained but three who were alive. Another woman had one miscarriage,

five living and nine dead children. A third had one miscarriage, three living and ten dead children. The causes of death were summed up as follows:

Meningitis.....	21
Convulsions .....	8
Throat diseases, croup.....	12
Diarrhoea, arthrepsia.....	5
Pneumonia .....	2
Typhoid fever, measles.....	3
Erysipelas.....	1
Pulmonary tuberculosis.....	1
Syphilis.....	1
Undetermined.....	15
 Total .....	 69

**Treatment of Syphilis during Pregnancy.**—This problem is one which not infrequently presents itself to the practitioner of medicine. A man infects his wife and she becomes pregnant and is menaced with all the dangers incident to conception under such circumstances. Besnier says that the treatment should be energetic and should consist of tonic and specific remedies. 1°. Tonic medication: good food, syrup of iodide of iron, preparations of cinchona. 2°. Specific medication : give one of the following pills daily :

B. Hydrarg. bichlorid.....	gr. 1-6
Ext. opii.....	gr. 1-12
Ext. gentian.....	gr. 1-12
Glycerini.....	q. s.
M. ft. tal. pil. q. s.	

3°. Iodide of potassium should be prescribed at the same time in doses of eight to fifteen grains. This treatment should be continued during the entire period of pregnancy and the increase in weight of the patient will prove the efficacy of the measure. It may appear to some that the dose of bichloride is not very large, but it must not be forgotten that the treatment is continuous and moreover, women are more susceptible to its action than men.

**Treatment of Alopecia Areata.**—Radcliffe Crocker has contributed an article to the *Lancet* in which he details his method of treating alopecia areata. He very pertinently calls attention to the fact that there are two varieties of the disease—the tropho-neurotic and the parasitic, the latter of which forms

the largest proportion of cases. The treatment he recommends is as follows: The early patches are blistered, painting on the liquor epispasticus in three coats, allowing each to dry before the other is applied. Then apply the following:

B Hydrarg. bichlorid.....	g. ij-gr. v.
Spts. vini rectific.....	3ij.
Ol. terebenthin.....	3vij.

#### M.

The weaker preparation should first be tried. It should be rubbed in with the finger, not only on, but around the patch, night and morning. It naturally produces some burning and stinging of the skin, but this is inevitable if we desire to have an efficacious remedy. So far as internal medication is concerned he looks upon it as effective only when the dormant vitality of the injured hair follicles requires awakening and for this purpose he recommends pilocarpine, in solution, in the strength of one-sixth of a grain at bed-time.

**Treatment of Syphilis.**—The principles involved in the treatment of syphilis are far from being settled and it is a question yet as to which method is the most advantageous—the immediate or the expectant plan. Dr. Henry Beates, Jr., in speaking of the latter (*Medical and Surgical Reporter*), gives some reasons which are so nearly in accord with my own that they are reproduced here. He says: What are some of the advantages gained by waiting until secondaries appear? 1°. We have some chances not followed by constitutional phenomena at all; just as some people experience a sore throat in a scarlatinous room yet enjoy immunity from constitutional involvement. 2°. A rash occurring within seven weeks indicates severity and places the physician on guard. 3°. The rash occurring on time, its profuseness and type indicate a greater or lesser dyscrasia or tertiary future, and in his experience demonstrates the necessity of early instituting those remedies which we usually employ in the tertiary stage. 4°. A late appearing rash is indicative of a mild after-course, this, like the preceding, being greater or less according to profuseness and type. He advocates the cauterization of the chancre, but I must confess my opposition to this course. He states that it satisfies the patient and reduces the chances of further infection. The first reason is none at all and as to the latter, it is a question whether such a result is obtained or not.

### Diseases of the Eye and Ear.

**Penetrating Power of Medicines.**—The comparative penetrating power of different medicines when used locally, more particularly when applied to the eyes and in the ears, has recently become a question of much importance with some writers. Nearly ten years ago, (June, 1882) Prof. Curtman, of this city, in a paper read before one of the local medical societies, called special attention to the supposed extraordinary penetrating power, or easy diffusibility of the different aniline dyes and their ready absorption by the various bacilli, suggesting that on account of this peculiar quality the aniline dyes would sooner or later come into successful use as germicides. This prediction has already been verified. Quite recently Prof. Stilling, of Germany, introduced "methyl violet" under the expressive name of "pyoktanin" (death to pus) as the *best* preventive of suppuration and consequently the most effective germicide. Naturally enough he praises the virtues of the new remedy "*to the skies.*" But the supposed remarkable virtue of the new remedy is based upon its alleged remarkable penetrating power which, theoretically at least, is characteristic of all the aniline dyes. While I do not wish just now to call in question the antiseptic virtues of methyl violet, I desire to express my disbelief in the alleged remarkable penetrating power of these dyes. I venture the assertion that all aqueous or oleaginous solutions are equally as penetrating as these dyes, which practically are watery or oily solutions of coloring material, the only difference being that the coloring renders the latter visible while the former is invisible. The only proof of the "power to penetrate" of methyl-violet is the fact that, when it is dropped into the eyes, it penetrates the cornea and stains all internal structures blue. It has been positively proven that aqueous solutions actually penetrate the cornea and get into the chamber. If atropine solution is dropped into the eye of a rabbit, and after some time, the aqueous humor is drawn off and put into the eye of another animal, it will dilate the pupil, proving positively that atropine actually got into

the aqueous humor. This fact was proven by the late Von Græfe. If this is true of the cornea, why should it not be true of all other tissues of the body? The penetrating power of any fluid is due to endosmosis and that depends upon the physical properties of the fluids and not upon any coloring matter in them. I hold, therefore, that the alleged superior penetrating power of the aniline dyes is a *myth*.

**Surgical Treatment of Trachoma.**—Every one knows that the ordinary treatment of trachoma by the usual medication is very slow and tedious. The patients get out of patience and the doctor is often glad when they go to try some one else. Some of the cases get rapidly well under very mild treatment while others persist indefinitely and any and all kinds of medication forcibly reminds the physician of "pouring water on a duck's back," as it seems to have about the same effect. Many of the cases persistently relapse and relapse until very grave complications often develop. The former cases (easy ones to cure) may be appropriately styled *benign*, while the latter are as appropriately designated *malignant*. What constitutes the difference it is impossible to determine. The supposed primary cause of trachoma is of course in harmony with the fashion of the day, a germ designated *trachoma coccus* or *trachoma-bacillus*. However, this may be, trachoma consists not alone in the well-marked hypertrophy of the mucous villi of the conjunctiva, but the process penetrates the whole thickness of the membrane and causes extensive proliferation of trachomatous material into and beneath it, which may be designated *essence* or *juice* of trachoma. To cure the disease radically this soft jelly-like substance must be thoroughly eradicated. In other words, the materies morbi of the disease must be killed. How can this be best and easiest accomplished? I have already stated that in many cases—malignant trachoma—the ordinary medication is too slow and too uncertain. Very recently a radical surgical operation has been devised for the eradication or cure of trachoma. In *The Practitioner* for January, 1891, Dr. A. Darier, chief of M. Abadie's clinic, in Paris, gives a very interesting account of the operation, crediting it to Prof. Sattler's clinic, but more particularly to his first assistant, Dr. Herrenheiser at whose hands he first witnessed the operation. After

returning home Dr. Darier says, "We hastened to put the operation to the test and our success has been complete." In essential parts, very briefly stated, the object and design of the operation consists in scraping away all the granulations and the removal of all trachomatous essence or juice. 1°. The external canthus is divided to allow of more easy and complete eversion of the lids. 2°. Scarifications by a two or three bladed knife, parallel to the edges of the lids, deep into the conjunctiva. The object of the scarifications is to allow and even facilitate, the easy escape of the infiltrated essence or juice of trachoma, which the author mentioned, designates "granulation-tissue." 3°. Then the thorough scraping of the entire conjunctival surface with a spoon of proper shape till all the granulations have been removed. The purpose is not so much to remove the granulations *bodily* as to cause their rupture and the complete pressing out of their contents, which constitute the essential element of trachoma—the juice of trachoma. The incisions allow this same element in the scraping process to escape readily from the substance of, and from beneath, the conjunctiva. The thorough scraping is the chief thing in Sattler's original operation. It must be understood, however, that the scraping must not cause any actual destruction of any part of the conjunctiva. In that event very extensive contraction would result and ugly complications would probably follow. But the experience of Drs. Darier and Abadie has taught them that in most cases energetic brushing of the conjunctival surfaces is less violent and fully as effectual as the scraping. Consequently, instead of scraping, they energetically brush them thoroughly with a brush made of short stiff bristles, and at the same time the parts are thoroughly washed and even flooded with a bi-chloride solution, one in five hundred. This solution is applied while the brushing is going on, and must be applied *freely*. This operation in effect is very similar to the operation recommended several years ago by Dr. Hotz, of Chicago, I believe it was. He advised that the trachoma juice should be squeezed out between the nails or by suitable flat forceps. The after treatment is simply antiseptic. From the foregoing it will be inferred that the latter operation is a bloody and painful one, and both he and Dr. Darier advise that it should always be done under chloroform. It seems to

me, however, that the operation could be made under cocaine influence without much suffering on the part of the patient. This operation is not intended to apply indiscriminately to all cases, but only to the bad, persistent, stubborn —malignant—ones.

RESULTS.—Drs. Darier and Abadie had at the time of writing operated on more than twenty cases. I quote: "In two cases only, where the scraping was insufficiently carried out, have the patients had to undergo a second operation on one eye. These two are now very satisfactorily cured." The after-treatment lasts generally from seven days to two weeks. "At the end of this time" the case "is generally cured, at least this is true of the greater number under our treatment during the last four months. The future must show whether the cure is radical and permanent." The presence of pannus and ulceration of cornea is no bar to the operation. Fresh ulcers heal rapidly after the operation. This is an important matter and I shall refer to it again in the way of personal experience and further developments.

Paper Discs Over Perforations in Membrana Tympani.—Many years ago Dr. Blake, of Boston, suggested the application of discs of suitable paper over perforations in the membrana tympani in order to facilitate their closing or healing up. The theory of the procedure was that the paper discs would lie close down against the membrane so as to close the opening against the admission of the external air and thus prevent the usual irritation of the mucous membrane of the drum in consequence of frequent changes of temperature in the atmosphere. To say the least the theory of the procedure is a good one, and, no doubt, good is accomplished in that way. My friend, Dr. Robert Barclay, of this city, has made a very interesting report of nine cases in the Trans. Amer. Otol. Society for July, 1890, in which he made use of the paper discs with brilliant results. I have read a report of these cases with a great deal of interest. The ears are first treated in the usual way till all suppuration has ceased; then a paper disc is snugly applied over the perforation covering it completely, and is allowed to remain there indefinitely. After some weeks it is found sticking to the wall of the meatus, usually on the upper side. By way of a friendly criticism I may be allowed to say that it seems to me the doctor attributes too

[June,

much good effect to the use of the paper discs in bringing about the very good results. It is a well known fact that in just such cases we often get most excellent results without the use of the discs. The natural tendency of perforations in the membranes of the drum is to close. We know that most of the small ones and many of the large ones do close up by cicatricial tissue. Whether the use of the paper discs actually prevents relapses and hastens the closing of perforations or not is very difficult to determine. I freely concede that the report seems to show that it does. At all events their use is worthy of an extended trial. A. D. WILLIAMS, M. D.

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### Excerpts from Russian Polish and Finnish Literature.

**Wild Thyme as a Remedy for Whooping-Cough.**—In the Finnish monthly *Finska Läkaresällskapets Handlingar*, March, 1891, p. 188, Dr. August H. K. Neovius, of Joensuu, writes that the perusal of Dr. S. B. Johnson's paper (*vide the Centralblatt fuer die Medizinischen Wissenschaften*, July 28, 1888), has induced him to try the wild thyme (*Thymus Vulgaris*; Swedish *tjmjan*; Russian *timian*) in a considerable number of cases of epidemic pertussis, one of the patients being a little child of his, aged one and one-half years. The remedy was employed in the form of an infusion, made of one hundred grammes of the herb, seven hundred of water, and fifty of syrup of mallow, (*syrupus malvae*) the dose varying according to the child's age, from a teaspoonful to a tablespoonful, from eight to twelve times a day. The results, obtained from the single treatment, surpassed the author's highest expectations, every one and all of his patients making a rapid and complete recovery. The chief corollaries deduced by him from the observations may be given as follows: 1°. As Dr. Johnson justly asserts, the thyme affords the best remedy for whooping-cough yet known. 2°. It should be administered, however, in the doses stated above, those suggested by Johnson (from thirty to fifty grammes of the plant to seven hundred of water) being rather weak. 3°. When employed in sufficient quantities, the remedy almost invariably brings about a complete cure within fifteen days. 4°. All painful symptoms, accompanying the affection, subside in one or two days from the beginning of the treatment. They reappear,

however, if the administration is suspended before the end of a fortnight. 5°. While rapidly decreasing the violence and frequency of cough paroxysms, and cutting short the course of pertussis, the remedy prevents all usual inflammatory complications or sequels of the disease. 6°. It never gives rise to any disagreeable accessory effects, except some diarrhoea which appears regularly on the second or third day of the treatment and which, after all, may depend upon the mallow syrup, and not upon the thyme itself. 7°. To secure the beneficial results, a perfectly fresh plant must be used. 8°. As to the active or curative principle of the herb, it is just possible that it is constituted by thymol.

[In his *Neu-Volkomenes Kraeuter-Buch*, 1672, p. 418, Dr. Bernhard Ver Zascha, of Basle, warmly recommends "a distilled water of the thyme herb," in tablespoonful doses, as an excellent means for alleviating any cough( as well as for "preventing attacks of epilepsy or vertigo, expelling intestinal worms in children, curing cold in the womb, and cleansing the latter from any moist slimy matter"). A white wine infusion of the herb, taken on an empty stomach in the morning, is also said to be useful in chronic bronchitis, the remedy alleviating both cough and dyspncea. According to Dr. R. Neale's *Medical Digest*, Sect. 715: 3, 'wild thyme has been recommended in pertussis in 1862. Thymol has been eulogized in the disease by Dr. K. Kuester (*Berliner Klinische Wochenschrift*, 1881, p. 591), the drug being used in the form of inhalations (solutions of 0.25 to 500 grammes), repeated three or four times daily.—*Reporter*.

**Transmission of Syphilis Through Shaving.**—In the *Vratch*, No. 14, 1891, p. 374, Dr. I. S. Idelson, of Krytchev, Western Russia, details another instructive case of "*syphilis insontium, or syphilis immeritee*" of French authors, referring to a young man, who, when shaved at a barber's shop, received a slight cut on the right side of the chin, about two centimetres from the median line. The little wound did not heal, but a fortnight later was transformed into a typical Hunterian chancre, while there appeared an indolent enlargement of the right submaxillary lymphatic glands which gradually attained the size of a hen's egg. About five and one-half weeks after the accident syphilitic papules cropped out all over the body (including the head). The patient's geni-

tals remained sound. Dr. Idelson emphatically draws attention to the desperately dirty and dangerous condition of an average Russian barber's shop, as well as to an imperative necessity of the strictest sanitary surveillance of the "saloons" all over the vast empire. Everyone and all of the proprietors should be compelled by law to systematically adopt disinfecting precautions.

[Lately, Dr. N. P. Fedtchenko, of Moscow, has reported three instances of the same sort (*vide* the *Meditzinskoie Obozrenie*, No. 1, 1890, p. 19; and the *Philadelphia Medical and Surgical Reporter*, August 9, 1890, p. 166). Similar cases were published further by the following Russian observers: F. V. Tchudnovsky, of Tiflis (*vide* the *Provincial Medical Journal*, September, 1887, p. 422); Khokhloff (*ib.*); Prof. V. M. Tarnovsky (two cases in soldiers; see Prof. A. I. Pospeloff's monograph on *Extragenital and Extrasexual Syphilitic Infection in Russia*); N. Koltchevsky (*ib.*); Fleischer (*ib.*) International literature contains further cases, communicated by Cocher (*vide* Fedtchenko's paper, *l. c.*), Feibes (*ib.*), Vallauri see G. M. Herzenstein's work on *Syphilis in Russia*, 1885, Vol. I., p. 430), Chenisnade (*vide* Dr. K. L. Stuermer's paper in the *Book of Reference for Medical Men*, published by the Russian Medical Department, 1890, Vol. I., p. 4), Giovannius (*ib.*), Glueck (*ib.*). Quite recently, Dr. Oestreicher, of Berlin, has furnished a case in the *Internationale Klinische Rundschau*, 1891, February 22. Of course, in reality such syphilization through shaving occurs out of any comparison more commonly than might be surmised from the scarcity of the literature on the subject. At all events, it seems to be high time for declaring the matter an urgent one, and for energetically pushing it beyond the publication of interesting cases of "barber's syphilis," alternately with "barber's itch" (a localized epidemic of which, by the way, has been lately reported by Dr. W. Williams, of Ventnor, in the *Lancet*, February 15, 1890, p. 346).—*Reporter*.

**Mercury in Glanders.**—In the *Meditzinskoie Obozrenie*, No. 5, 1891, p. 492, Dr. Iakov V. Gold of Severinovka, records his second case of human glanders, cured by mercury (The author's first case may be found in the *St. Louis MEDICAL AND SURGICAL JOURNAL*, July 1889, p. 55). A weakly-made, lean, anaemic male peasant, aged thirty-two, who had

fallen ill (with rigors, diarrhoea, and swelling of the right lower extremity) on June 20, was admitted to the local Zemsky Hospital, on August 5, suffering from fever (up to 40° C.), headache, sleeplessness, anorexia, abdominal distention, diarrhoea, somewhat quickened pulse (96 per minute) and general weakness and malaise. There were further present: *a.* a flat oval subcutaneous infiltration of the size of a palm, situated about the middle of the right thigh; *b.* a similar but smaller node on the calf; *c.* a fluctuating circumscribed circular phlegmonous abscess, of the size of a florin, on the external malleolus of the left leg; *d.* an indurated node on the left forearm of the size of a pigeon's egg. A sanguinolent, purulent matter, obtained from the ankle abscess, proved to contain characteristic bacilli of glanders, and, on a hypodermic inoculation to a Siberian marmot (Russ.—*Suslik*), caused typical glanders, the animal dying on the fourth day. Inoculation of the splenic juice from it to glycerine agar gave pure cultures of the glanders microbes. The treatment adopted consisted in: *a.* inunctions of gray mercurial salve (*fortior*), one-half drachm twice daily, with the usual precautions against mercurialism; *b.* a free incision in the abscess, with antiseptic dressings; *c.* applications of hot poultices (linseeds with a lead lotion). To the infiltrations; *d.* in consecutively opening the abscesses washing out their cavities with a corrosive sublimate solution (1 to 1,000), and dressing with iodoform gauze and aseptic cotton wool. In all, sixty-two frictions were made (with an interval of eighteen days on account of dysentery supervening). A gradual, but steady recovery ensued, the patient being discharged quite well on October 18. When seen four months later, he continued to enjoy the best of health. The author's first patient similarly remained in the best possible state.

While again warmly recommending this simple treatment of the formidable disease, Dr. Gold emphasized the eloquent fact that of thirty cases of human glanders which he has had under his care up to the present in hospital practice, only these two treated by mercury terminated in recovery; the remaining twenty-eight, treated by other means ending in death.

**On Abdominal Examination in Bath.**—At a late meeting of the Medical Section of the Polish Towarzystwo Przyjaciol Nauk (Association of Friends of Sciences), Dr. Chlapowski

of Poznan, made (*Nowiny Lekarskie*, No. 2, 1891, p. 85) an interesting communication on a novel method of examination of patients, suffering, or supposed to suffer from disease of the abdominal organs. The method consists in palpation of the patient placed in a full bath. The advantages claimed for it are these: *a.* the immersion entirely prevents any reflex contraction and resistance of the abdominal muscles (more especially of the recti) which are usually induced by palpation; *b.* it allows the patient to easily assume any posture desirable; *c.* it greatly diminishes pain caused by deep palpation of the abdomen. In short, the method strikingly alleviates the examination of abdominal organs. In the author's hands, it proved especially useful in cases of *a.* swelling in the coecal region; *b.* wandering kidneys; *c.* tumors of the spleen; *d.* new growths or any tumors of any abdominal or pelvic viscera.

**On Arthritis of Obesity.**—At the Fourth General Meeting of Russian Medical Men (*Proceedings of the Meeting*), 1891, No. 2, p. 38), Professor Vasily I. Kuzmin, of Moscow, read a paper on certain forms of chronic inflammations of joints, dwelling especially on "arthritis of obesity" and advocating the following general propositions: 1°. In stout subjects there fairly frequently occurs a peculiar variety of chronic arthritis which mainly attacks the knee articulations, but may also develop in the hip and shoulder joints. 2°. Apart from accidental causes such as rheumatism, cold, etc., the most important part in the causation of the affection is played by a lowered systemic tissue metabolism and—in cases of a rapidly developing obesity—by an overburdening of the joints by the bodily weight. 3°. In arthritis affecting the lower limbs, another important factor favoring its development is constituted by disturbed circulation (congestion) in the extremities. 4°. The best treatment of the joint disease consists in measures for decreasing obesity (and with it the bodily weight, etc.,) hot baths, douches, electricity, massage and alkaline mineral waters.

VALERIUS IDELSON, M. D.

Berne, Switzerland.

**Koch on His Muscle.**—It is announced that Professor Koch is preparing a reply to all the criticisms that have been made on his method. Professor Virchow's objections are to be dealt with in detail.

## Medical Progress.

### THERAPEUTICS.

**Remember in Prescribing Iron.**—That it has never been proved that salts of iron are absorbed in the intestinal canal.

That there is considerable evidence to the contrary.

That however minute the dose of iron administered, the stools are invariably blackened by reduction of the iron to the state of sulphide, which is insoluble in the alkaline or neutral intestinal juices.

That there is a very general opinion in favor of the old-fashioned perchloride of iron in cases where iron is indicated.

That this opinion is undoubtedly proven by long experience, and that no other inorganic preparation of iron gives better results *where tolerated*.

That the effect of perchloride of iron is *not* proved to depend on the iron at all, and that it is probably due chiefly to the mineral acids, which are always present in tincture, or solution of perchloride of iron.

That a neutral solution of perchloride of iron is not permanent, and cannot be used in pharmacy.

That the neutral proto or perchloride, carbonate, sulphate, phosphate, and all other salts of iron, not excepting the so-called albuminates, peptonates, and dialyzed preparations of iron, cannot be relied on to give as good results as the perchloride.

That Sir Andrew Clark has long held that constipation, when complicated with anaemia, is due to the decomposition of food (and with it the iron compounds), with absorption of ptomaines, which produce a continuous toxic effect and enfeeble the red blood corpuscles, besides depriving them of their natural source of iron, which is necessary to maintain their normal oxygen-bearing power.

That if iron be administered at all, the salts of iron should be rigorously avoided, as they are liable to intensify the anaemia, rather than do good, besides blackening the teeth, and frequently disagreeing with the patients.

That hemoglobin (*Ferrum Sanguinis*), is an ideal haema-

tinic, it *does not blacken the stools* (thus proving its assimilation), and is the most prominent ferruginous element of our food in a very concentrated form.

That Ferrum Sanguinis is a dry, semi-crystalline powder, isolated from bullock's blood; this is soluble in water, but is best dispensed in small spherical capsules (Chapoteaut) of twenty centigrammes each, which is equivalent to one milligramme of metallic iron.

F. S. M.

**Intertrigo.**—The following ointment is given in one of our exchanges as a good application in chafe.

B Acid borici.....	gr. viij.
Lanolini.....	3xij.
Vaselinii.....	3ij.

M.

This ointment is to be applied to the diseased area, which is first cleaned by the use of a mild soap.

**Purgative Pills.**—The following is a formula which appears in the *Medical News*:

B Aloes.....	gr. xv.
Resin of scammony,	
Resin of jalap,	
Calomel.....	aa gr. viij.
Extract of belladonna,	
Extract of stramonium.....	aa gr. iiij.

M. Make into twenty-five pills and give one to two a day.

**Carbonic Acid in Burns.**—There is, perhaps, no lesion so painful as a burn of the first degree, nor is there an accident so frequent in occurrence. Hot water, gasoline, etc., produce burns characterized by large blebs and the intense pain and shock occasioned by the inflammatory reaction is such as to produce general debility, either of a transitory character or more lasting in its effects. The old method of treatment consisted in the application of carron oil, a preparation which is anything but pleasant to use, and not very efficient in its action. Not long ago it was discovered that carbonic acid had almost a specific action in dissipating the pain incident to burns, this disappearing instantly after its application. Add to this a protecting and soothing form of treatment and we have almost an ideal therapeutic measure. The only difficulty is in obtaining the carbonic acid gas. The

best vehicle is pure water, strongly impregnated with it, and it is on this account that Enno Sander's Carbonic water has been pronounced so successful in burns. Its anæsthetic action is immediate giving most grateful relief and permitting a thorough examination of the lesions present as well as allowing a thorough dressing to be made. This latter should contain a mild astringent and be made in the form of an ointment on account of the protection afforded by any fatty substance more especially in the way of excluding the air, whose oxygen is so irritating in this class of injuries.

#### Hypodermic Injections of Guaiacol in Tuberculosis.

—M. Pignot has written to the French Academy of Medicine that he has obtained good results by employing the following formula :

B Eucalyptol .....	gramme 0.14.
Guaiacol .....	gramme 0.05.
Iodoform .....	gramme 0.01.
Ol. olivæ sterilisatı.....	q. s. ad. c. c. 1.

M.

The daily dose is from three to ten or twelve cubic centimeters, the injections to be made preferably in the retro-trochanterian furrow.

**Anti-Bilious Pill.**—The following pill is recommended by Dr. B. Frank Humphreys (*Med. and Surg. Reporter*) as "superior to the compound cathartic pill and as an improvement on the little lapactic pill :"'

B Calomel,	
Podophyllin,	
Extract of belladonna.....	ââ gr. 1-2.
Aloin,	
Oleoresin of capsicum.....	ââ gr. 1-8.
Ipecacuanha .....	gr. 1-16.

M. ft. pill. No. 1.

**Dose:** As an aperient, one pill at night or morning; as a laxative, one or two; as a cathartic and cholagogue, three or four—(one every two hours until the desired number has been taken).

**Treatment of La Grippe.**—La Grippe is characterized by a marked depression of the spinal cord affecting its various branches. Heart failure, pulmonary congestion, gastro-intestinal troubles, and the various neuralgias which appear in this disease are all reflexes from a semi-paralyzed state of the

spinal cord and a general lack of bodily tone in consequence. Dr. Horatio R. Bigelow states (*Medical Bulletin*) that he has never met any remedy so effective in this dreaded disease as Warner and Co's pil. chalebeate Co. which is composed of carb. protoxide of iron, grs. 2 $\frac{1}{2}$ . Ext. Nuc. Vom. gr. 1-8. Dose, begin with one pill every four hours, and increase to two pills three times a day, then three pills and finally four pills. The recommendation is further given to control the acute symptoms by means of effervescent antalgic saline each dessertspoonful of which contains four grains each of salicylate of soda and of antipyrine.

**Ipecac in Rhus Poisoning.**—Dr. W. S. Clymer states in the *Country Doctor* that the following has never failed in his hands, he having used it for six years :

B. Pulv. ipecac.....	3 ij.
Aquæ.....	3 xv.

M.

Sig. Apply freely to the affected part every two hours.

The heat, itching, and pain are relieved as if by magic, and in the great majority of cases two or three applications are sufficient to produce a cure. The only difficulty that has been noticed is a slight cooking or blistering of the skin when the solution was too strong. That, however, is easily obviated, as the weaker solutions seem as efficient as the stronger. He thinks it as near a specific as we have in medicine.

**Shurley-Gibbes Treatment of Phthisis.**—There are numerous formulæ which investigators, inspired by Koch's discoveries have recently tested the virtue of in pulmonary consumption. Among these it may now be judiciously claimed that the utility of several, which at first proved promising, has failed to be demonstrated by experiment. The following should be regarded as still *sub judice*: Koch's Tuberculin, Liebreich's Cantharidinate of Potash, the transfusion of the arterial blood of the goat into the veins of the tuberculous patient as suggested by Dr. Bernheim, the injection of the serum of dog's blood as suggested by M M. Hericourt and Richet, the sub-cutaneous administration of gold and manganese commended by Prof. J. B. White, Dr. Roussel's treatment by the injection of aromatic vegetable essences or perfumes. These have been tried, and the verdict at present is that they have been found wanting in the anticipated specific therapeutic effect. The most promising method is now considered to be the injection of chemically pure iodine and chloride of gold and sodium, in connection with the inhalation of chlorine gas, as commended by Drs. E. L. Shurley and Dr. Heneage Gibbes. Messrs. Parke, Davis & Co. announce that at the request of Dr. Shurley, they have prepared solutions of chemically pure iodine and chloride of gold and sodium,

which are put up in one ounce bottles, and will furnish physicians with clinical reports embracing the method of using these remedies.

#### PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

**Bromide of Ethyl.**—In a paper on bromide of ethyl ( $C_2 H_5 Br$ ) as an anaesthetic (*Practitioner*) Dr. J. Frederick W. Silk concludes as follows: The most obvious advantages of this drug appear to be its rapid action, and the quick recovery from its effects, with consequent trivial after-effects. If it could be absolutely relied upon, the absence of excitement during the period of induction would be a powerful argument in favor of its use. Against these advantages we must place its instability, and the danger of gastro-intestinal irritation if the inhalation is at all prolonged; while its cardiac depressant effects, and the experience of recorded deaths, teach us that it is a drug that must be used with caution. Although I would cordially agree with those who assert that bromide of ethyl cannot be looked upon as a satisfactory substitute for either chloroform or ether themselves, yet I am by no means certain that it may not eventually have a place in our list of available anaesthetics. Are we for instance quite sure of the best method of administering the drug? Or again, looking at its chemical and physical properties, might it not be possible by a judicious admixture of ether to obtain a mixture free from the disadvantages which have been urged against the well-known and popular A. C. E. mixture, namely, the uncertainty with which the vapors of the several constituents are given off? As a substitute for nitrous oxide in dental surgery it has been held, that the nausea and depression which follow its use alone counterbalance the advantage of slight prolongation of anaesthesia, without taking into consideration its instability and danger. So far then as our present knowledge goes at any rate, the smaller operations of minor surgery are the only ones in which this drug can be used, and even for this purpose considerable skill and care is required for its successful administration.

**Specific Gravity of the Blood.**—At the late meeting of the German Medical Congress, held at Wiesbaden, Dr. Schmaltz stated that he had determined the specific gravity of blood according to the picnometric method by filling capillary tubes containing one cubic centimeter and weighing them. He found the weight of his own blood almost absolutely constant for a long period of time. In general, it was at its maximum in the morning. The ingestion of foods or of liquids, even the absorption of a litre of artificial serum, modified but little the density of the blood. In woman the specific gravity is a little less than in man; in the latter it is about 1.0591 whereas in

the former it is 1.0562. In this relation he examined ninety-five patients, who were for the most part chlorotic. In twenty-nine chlorotics he found the specific gravity below 1.040; in one it was as low as 1.030. He did not find such low figures but in very few subjects, for example in two patients suffering from serious alterations of the blood to which they succumbed. In a metrorrhagia of long standing he found the density diminished but little; it was 1.042. In a cardiac case without anaemia it was 1.042; besides in many subjects who appeared anaemic the specific gravity was normal. The difference in specific gravity appears to depend upon the relative amount of haemoglobin and not upon the number of red blood corpuscles.

#### OBSTETRICS AND GYNÆCOLOGY.

**Electricity : When of Positive Service to the Gynæcologist.**—The following is an abstract of a paper read before the Academy of Medicine, in New York, by Andrew F. Currier :

The testimony upon this subject is conflicting. Some have opposed it from prejudice and bias, and others have advocated it with an enthusiasm which revealed indiscretion and unwise-dom. Satisfactory knowledge can be gained only by experience, and this necessitates no little expense for the apparatus, and time and labor, in order to comprehend the physical laws governing electricity. As in religion, science, art and politics, success, as a rule, only comes to those who follow up the subject persistently and thoroughly. The patient must also submit to such conditions as will permit a fair test of the agent. The subject is considered under these headings: (a) Necessary outlay and apparatus; (b) Indications; (c) Contra-indications, cautions and objections. The faradic current is indicated when increased muscular tone or contractile force is desired. Incidentally will come improved vascularity and nerve energy. The galvanic current is indicated as an astringent, haemostatic demeritient, admitrient or sedative. For some conditions, for example pain, either current may be effective. All battery currents are based upon Ohm's law, that is, that the available battery force equals the entire force generated by all the cells, divided by the resistance offered by the wires, the fluid in all the cells, in fact, everything which hinders the passage of the current. The unit of usable current in electro-therapeutics is the millemampère. The requirements for a faradic battery are, that it be small, simple, clean and cheap. Gaiffe's costs but a few dollars, and is perhaps the best there is. The requirements for a galvanic battery are, steadiness of current, cleanliness, simplicity of construction, and durability. The writer has never found a portable battery which answered these requirements, but does not assert they do not exist. To answer the condi-

tions mentioned, there should be a large number of large cells in continuous connection. Either the Law or the Leclanché cells will give satisfaction, the former being more cleanly and more durable. A rheostat and a milleampèremeter are indispensable, and the writer is well pleased with the Bailey rheostat and the Barrett meter graduated to 250. The connecting cords from battery to patient should be long enough to allow patient to be moved about without danger of breaking circuit and giving shock. For an abdominal electrode, Martin's is the best. There are many varieties of uterine and vaginal electrodes, those designed by Apostoli being very good ones. The writer has designed one of aluminum with a cylindrical, removable, platinum tip, the shaft being covered with thin rubber tubing. It is light, cheap and flexible. The rheostat and meter may rest upon a portable base furnished with suitable binding posts and switch for changing polarity. The character and effect of the current at the two poles are essentially different. The positive pole will check haemorrhage and glandular secretion, the negative will not. The positive pole will corrode all but the noble metals, the negative will not; the positive pole is acid, the negative alkaline; at the positive pole oxygen is liberated in the electrolysis of water, at the negative hydrogen. The writer's paper contains an analysis of twenty-three cases, in which the indications for treatment were: 1°. Pain. 2°. Haemorrhage. 3°. Inflammatory exudate. 4°. Sterility. 5°. Dysmenorrhœa. 6°. Super-secretion. 7°. Hysteria. 8°. Uterine sub-involution. 9°. Uterine sub-nutrition.

For pain the positive pole should be within the uterus or vagina, and a weak current is better than a strong one. A good average is thirty milliampères used from four to eight minutes. The intervals of application should depend upon the duration of the periods in which pain is absent.

**Joint Reflexes Consecutive to Pelvic Inflammation,** was the subject of a paper before the American Medical Association, by Dr. W. W. Potter, of Buffalo. He discussed more particularly of an exaggerated form of reflexes which were found about the larger joints, especially the joints of the lower extremities. On account of the close connection of the pelvic organs and the hip joint through the cerebro-spinal system, these reflexes are often found there. We often find severe, intolerable aching in the lumbar region, low-down backache associated with pelvic disease. He related an interesting case of pain in the hip-joint, occasioned by a fall, and which was treated for hip-joint disease for a long time, and was finally found to be due to pelvic peritonitis. The points to which the doctor called special attention, were the intimate anatomical relations between the pelvis and the larger joints through the cerebro-spinal system, the importance of early

diagnosis, and the important medico-legal questions which may grow up, and which did appear in the case reported.

**Can the Gynæcologist Aid the Alienist in Institutions for the Insane?** was the subject discussed with great vigor by Dr. I. S. Stone, of Washington. The doctor had systematically investigated the present status of medical practice in the institutions for the insane in many of the States. His investigations opened up the fact that the superintendents of asylums, with but few creditable exceptions, felt themselves competent to treat all phases of diseases of woman, or, in fact, to be full-fledged specialists in all departments, and were not at all gracious to outsiders, especially gynæcologists who might endeavor to offer aid. To his inquiry, "Can the Gynæcologist Aid the Alienist in Institutions for the Insane?" he received largely negative replies. He drew the inference that asylum superintendents thought gynæcologists meddlesome and bungling men, who did more harm than good. So far as he was able to determine, female diseases were seldom recognized, much less treated by these superintendents, and he propounded the query, "Why is it that insane women apparently do not have the same diseases that afflict so many sane members of their sex?" The doctor urged in closing that the fullest details be obtained, that we may know the real relation between diseases of the female pelvic organs and insanity.

Dr. Byron Stanton, of Cincinnati, said that when a man became an asylum superintendent, he ceased to be a competent doctor.

Dr. Joseph Eastman, of Indianapolis, reported a case where a woman was incarcerated in an asylum for a year and discharged hopelessly insane, and then cured by an operation at his hands. This, too, when the possibility of female trouble had been suggested before she entered the asylum, and frequently during her stay there. The superintendent would have it that it was nothing but a neurosis, and that she was incurable. The extent of her cure may be known by the fact that she now occupies the position she held before her insanity, viz., lady superintendent of schools. The operation performed in this case was the removal of the appendages, and was necessitated by the finding, on exploratory incision, that one of the fallopian tubes was bent sharply on itself, and bound down tightly by a peritonitic adhesion. In operation on patients insane from self-abuse, he had been completely successful in one case, and partially so in another.

Dr. J. H. McIntyre, of St. Louis, added his testimony to that of Dr. Stone.

Dr. Edwin Walker, of Indianapolis, thought a very large number of our cases were neuroses, and thought some of them were doubtless due to gynæcological troubles.

Dr. C. A. L. Reed, of Cincinnati, who has written a brochure on this subject, called Dr. W. W. Potter, of Buffalo, to the chair, and said that he had given this subject serious attention for a number of years. He was satisfied of the sound, scientific basis for reform, which would involve the appointment not only of gynaecologists, but of specialists in all other departments as staff officers to asylums. The fact unearthed by Dr. Stone that the alienists did not want the assistance of anyone else in the care of the insane, revealed an alarming state of affairs. The claim that the medical superintendent, who is generally a housekeeper, a gardener, a jailer, and who at the same time was competent to treat diseases of the eye and the ear, of the lungs, pelvis, and every other special organ was preposterous. The claim is made, however, by these gentlemen, and is a clear demonstration of their pretentiousness. The doctor challenged any superintendent of this class to an experiment, the result of which would be as interesting to science as startling to humanity. He challenged them to submit their patients to an examination of specialists representing the different branches of medicine, merely for the question of diagnosis. He staked his reputation for truth and veracity that the examination would reveal curable diseases, in many instances the cause of the insanity, the existence of the former never having been suspected by the alleged medical colossus who is known as the superintendent. The evil he asserted was not a scientific one. It had passed beyond that point. It is now a problem in political economy, nothing more nor less than the eradication of the self-perpetuating scheme of superintendency, which is as pernicious as was ever priestcraft in its worst state.

Cincinnati, O.

E. S. MCKEE, M. D.

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### Book Reviews.

**Principles of Surgery.** By N. SENN, M. D., Ph. D. 8vo. pp. 611. Illustrated with 109 Wood-Engravings. [Philadelphia and London: F. A. Davis, 1890. Price, cloth, \$4.50; leather, \$5.50.

The experimental researches of Dr. Senn have made him so well known that the work before us, we are certain, will be eagerly read by all those interested in surgery. The author has considered the causation, pathology, diagnosis, prognosis and treatment of those injuries and affections which the surgeon is most frequently called upon to treat. The argument that a thorough mastery of principles is better than remembering a long list of minor details is well taken. Pursuing the course recommended will make a better surgeon, although we might paraphrase Horace, and say: "A surgeon is born, not made."

We were quite disappointed to note the omission of the consideration of one of the most interesting as well as complex surgical topics—tumors. However, it appears that this would have increased the size of the work beyond reasonable limits, and this defect the author intends to remedy, in the near future, by preparing a special work on the "Pathology and Surgical Treatment of Tumors."

The work may be looked upon as a reflex of the most advanced modern views on the subjects of which it treats. Regeneration, inflammation, pathogenic bacteria, necrosis, suppuration, tuberculosis, etc., all receive their proper share of attention, not only so far as general principles are concerned, but also in special conditions. In addition to this, the relations of cellular and bacterial pathology are well explained and elucidated, the numerous illustrations interspersed throughout the book being in the highest degree instructive.

In his chapter on suppuration, the author admits of but three chemical pyogenic substances, viz.. metallic mercury, turpentine and croton-oil. He states that while the pus is aseptic and sterile, it is a *chemical* pus, and not clinical; that "practically, in man, the occurrence of suppuration from the action of pyogenic chemical substances would be possible only on the surface of the body".

One of the valuable features in this work is the method pursued in the consideration of subjects. The author's first care is devoted to general principles of a process, then he particularizes this latter including special surgical diseases, such as properly come under that head, and in this connection, he details the general principles of treatment to be pursued in such cases.

The entire book is written in an interesting manner, and one which carries conviction with it. The reader feels that the author is convinced of the truth of what he says, and a corresponding amount of confidence is awakened.

While the illustrations are nearly all borrowed, they are good, and selected with judgment. The typography is good, and the general appearance of the book is excellent.

**Twelve Lectures on the Structure of the Central Nervous System. For Physicians and Students. By DR. LUDWIG EDINGER. Second Revised Edition, with 133 Illustrations. Translated by WILLIS HALL VITTRUM, M. D. Edited by C. EUGENE RIGGS, A. M., M.D., 8vo. pp. 280. [Philadelphia and London : F. A. Davis, 1890. Price \$1.75.**

The fact that the nervous system both central and peripheral has been shown to play such an important part in the genesis of many affections has led to a greater and more profound study of its anatomy. The structure of the central

nervous system, both coarse and minute, is no longer to be included as precisely the domain of the neurologist, but that of the physicians as well. More attention is being given to the subject by teachers of anatomy and as a result of untiring investigation more valuable information is being daily added to this difficult and withal fascinating subject.

Among the later contributions which have appeared is the one before us. While it does not pretend to be exhaustive, by any means, it contains so much valuable matter and so much that is, in some degree unfamiliar to the profession in general that it can not fail to receive that hearty reception which it did abroad. The author is an investigator who is enthusiastic and never tires of his work. In the present edition, which is a translation of the second German, many additions and alterations have been made. The chapters on histology and histogenesis have been entirely rewritten, as also the sections on the oculomotor, the acoustic, and the fibres of the deep marrow. Of course, this has necessarily included a change of opinions, in many instances: but this was necessarily to be expected when we take into consideration the great advances made in the past few years.

A chapter, which is among the most interesting, is that devoted to the comparative anatomy of the nervous system, based on the personal investigations of the author. In connection with these the author has examined the finer structure of the brains of lower animals a subject which has hitherto occupied but little attention on the part of investigators in this branch of anatomy.

As a good guide to the subject of which it treats and as a trustworthy book we can safely recommend Edinger's. While not large it is sufficiently comprehensive for those who do not desire to make a special and exclusive study of the subject and even in the hands of these it will prove of value as a handy reference book.

The appearance and typography are neat, the addition of numerous figures rendering the text clearer and more easily understood.

**Manual of the Domestic Hygiene of the Child.** For the use of Students, Physicians, Sanitary Officials, Teachers and others. By JULIUS UFFELMAN, M. D. Translated by HARRIOT RANSOM MILINOWSKI. Edited by MARY PUTNAM JACOBI, M. D. 8vo. Pp. 229. [New York and London: G. P. Putnam's Sons. 1891. Price, \$1.75.

Professor Uffelman has earned an international reputation as a teacher of, and writer on the hygiene of children both public and domestic. He treats his subject with cleverness and conciseness and his precepts are not only valuable but true. The hygiene of the child is considered from birth to puberty and the book before us is one replete with sound

practical sense that may be read with profit by physician and layman alike.

While the original was intended only for professional readers, the editor has very judiciously added, wherever necessary, explanations which will render the text clear to every intelligent man or woman.

We do not think that too much praise can be accorded this work and not only every physician should possess a copy but every woman as well upon whom has devolved the care of rearing children. The chapter on the dietetics of pregnancy is one of the most valuable in the book dealing as it does with the hygiene of the child before its birth.

The appearance and typographical work of the book are irreproachable.

**Heredity, Health and Personal Beauty.** By JOHN V. SHOEMAKER, A. M., M. D. 8vo. pp. 422. [Philadelphia and London: F. A. Davis, 1890. Price, cloth, \$2.50; half morocco, \$3.50.

The subjects embraced in the title of this work are such as interest the majority of intelligent persons and especially the medical profession. While the book has been written for the perusal of laymen, the medical profession is interested in the subject and it may not prove uninteresting to many of the latter. The author discusses evolution in its bearings upon heredity this necessarily entailing the subject of health. So far as personal beauty is concerned quite an amount of specific directions is given, the work concluding with a cosmetic formula.

The skin, hair, nails and teeth receive especial attention as well as the face, hands and feet, in so far as their proper care is concerned. Such subjects as bathing, walking, etc., also receive consideration. One feature of the book to which we would object is the number of recipes given. "A little knowledge is a dangerous thing," especially in medical matters and we do not think that the laity is competent to treat affections of the eyes or ears nor should it be encouraged to attempt it. Moreover, while deprecating the use of hair dyes and warning the reader that they are injurious he gives formulas for lead, and nitrate of silver hair dyes stating that, beyond warning his readers of the folly and danger of using them, his duty does not lie.

The last chapter of twelve pages consists of "household remedies," among which are to be found ethylate of sodium solution, chromic acid solution, etc.

We have no doubt that the book will meet with a ready sale as it contains just what the layman wants.

The typography of the work is unexceptional, being clear and singularly free of typographical errors.

**Manual of Clinical Diagnosis.** By DR. OTTO SEIBERT and DR. FRIEDRICH MUEL LER. Translated from the Fifth German Edition, Enlarged and Revised, with the Permission of the Author, by WILLIAM BUCKINGHAM CANFIELD, A. M., M. D. Second English Edition Revised and Enlarged, with Fifty Illustrations and one Colored Plate. Small 8vo. pp. 185. [New York and London: G. P. Putnam's Sons, 1890. Price, \$1.50.

This little manual's excellence has been established long since and the numerous editions through which it has gone attest this fact. In the present there have been a number of additions made in diseases of the heart and lungs. An entire revision of the section in bacteriology was a necessity and has been pretty thoroughly made. The addition of a colored plate of the principal micro-organisms adds considerable value to the present issue and gives it a more practical appearance.

There can be no doubt that the work is of practical value, not only on account of the valuable matter it contains, but because a thorough appreciation of its contents is very apt to lead to more thorough examinations on the part of the practicing physician who will readily appreciate his sins of omission.

The faults of this opuscule are not numerous, and lie in the same direction—omission. Thus we are told, on page 50, the frequency of the pulse but it is not specified as to its being sitting, lying, or standing. Again, on page 102, the *espergillus*, *glaucus* and *niger* are stated to occur in different portions the body, and yet that in which it is most frequently seen—the ear—is omitted. *Psorospermosis* is entirely omitted.

Notwithstanding these very small defects, the book is an excellent one and will continue to enjoy the popularity it has met in the past.

**The International Medical Annual and Practitioner's Index for 1891.** Edited by P. W. Williams, M. D., Secretary of Staff, assisted by a corps of thirty-eight collaborators—European and American—specialists in their several departments. 8vo., pp. 600. [New York: E. B. Treat, 1891. Price, \$2.75.

The present volume before us makes the ninth yearly issue and, so far as we can judge, it has improved with years. It is not only accurate but in the highest degree useful. The illustrations are quite numerous, some being colored.

Part one comprises the New Remedies, together with a review of the therapeutic progress of the year.

Part two is devoted to special articles on diagnosis: the first on Deformities of the Hand, and their Diagnostic value in Nerve Lesions; the second on the Character of the Sputum as an Aid to Diagnosis.

Part three, comprising the major portion of the book, -s given to the consideration of new treatment; and is a retrospect of the year's work, with numerous original articles by eminent authorities.

The fourth—and last part—is made up of miscellaneous articles, such as Recent Improvements in Sanitation; Concerning Climatology and Hygiene; Alcoholic Inebriety, and the results of Asylum Treatment; Improvements in Pharmacy; Books of the Year, etc.

The arrangement of the work is alphabetical, and with its complete index, makes it a reference book of more than ordinary merit.

**Diabetes. Its Causes, Symptoms and Treatment.** By CHARLES W. PURDY, M. D. With Clinical Illustrations. Small 8vo. pp. 184. [Philadelphia and London: F. A. Davis, 1890. Price \$1.25.

The present volume is No. 8 in the Physicians' and Students' Ready Reference Series, and deals with a subject of the highest interest to the practitioner. Diabetes is a disease whose treatment calls for the greatest judgement and discrimination on the part of the physician and much care from the patient. Naturally it is diabetes mellitus which receives the most attention, diabetes insipidus being disposed of in one chapter. Especial pains has been taken by the author in insisting upon a proper diet, as he justly claims that this constitutes perhaps the most important part of the treatment.

In order to illustrate his text more clearly the author has detailed some clinical cases which are very instructive. He regards saccharin, used moderately, as a satisfactory substitute for sugar and does not refer to any of its ill effects. He does not mention the use of digitalis in diabetes, although it is a remedy which has been found highly useful in a number of cases.

A very full bibliographical index enhances the value of this useful manual which can certainly be consulted with profit.

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### Literary Notes.

The Medical and Surgical Reporter has undergone a radical change in its editorial management. Dr. Charles W. Dulles who was editor and publisher has severed all his interests with the publication. Dr. Edward T. Reichert has succeeded him as editor and manager and one of his first reforms has been to enlarge the *Reporter* from twenty-eight to forty pages of reading matter. The matter has also been arranged into departments. The *Reporter* is one of our old friends and we wish it continued prosperity and success under its new management.

The Pacific Medical Journal has experienced a slight change in its editorial end Dr. John C. Sundberg succeeding Dr. D. A. Hodghead. Dr. Winslow Anderson will continue to hold up his half of the editorial work.

**Annales del Departamento Nacional de Hygiene** is the title of a monthly publication devoted to hygiene, demography, medicine, bacteriology and allied subjects. It is a large octavo which will contain forty-eight to sixty-four pages and appears monthly being issued at Buenos Ayres. It is a high-class publication edited by Drs. Pedro N. Arata and Emilio R. Coni. The first number presents a handsome appearance, typographically, and contains sixty-four pages of excellent matter.

The Journal of Comparative Neurology has come to us and it sustains well the promises made in its preliminary announcement. It is a quarterly whose first number contains 106 pages of reading matter and nine well executed plates. The editor, C. L. Herrick, has given us a neurological feast, his article relating to illustrations of the architecture of the cerebellum and the topography and histology of the brain of certain reptiles being of a high order of merit. The morphology of the avian brain is the subject of an elaborate article by C. L. Turner. In addition to this we find "laboratory technique," editorials, etc. The publication is of a high order of merit and is certain of success so far as its merits are concerned.

**Annales de L' Electro-Homœopathie** is a journal printed in the French language which has lately appeared at Geneva, Switzerland. It is a small quarto monthly of about twelve pages devoted to electro-homœopathy to which physicians, practitioners, and patients who have been cured (?) contribute. As our readers may not be aware of what electro-homœopathy is we will give the definition furnished by a disciple of Sauter, its originator. "It consists in combining groups of primary medicinal matters, which are absolutely heterogenous, in such a manner that they are brought to a higher potency, not only in their curative powers, but in their electrical properties, so that they may subsequently transmit to a diseased organism a concentrated display of forces analogous to electrical discharges. He succeeded by having recourse to fermentation which is the productive agent of vegetable electricity." Of course, after this it is perfectly plain to any one.

A Compend of Gynæcology is No. 7 of Blakiston's Quiz Compends issued at the uniform rate of \$1.00 each. The present was written by Dr. Henry Morris and makes a small octavo volume of 178 pages. It is a good representative of its class, giving a clear epitome of the principal diseases which are peculiar to women. As a reminder it will doubtless serve

its purpose well and the numerous illustrations which are interspersed throughout the text will greatly assist in this direction. An omission which occurs and which, while not of great importance, is not uninteresting is information regarding atrophies of the external genitalia in females. The hypertrophies are mentioned as well as neoplasms, etc., but that interesting condition known as krauosis does not even receive a mention. The first part of the book contains a good résumé of the anatomy and physiology of the female genitalia as well as clear and explicit directions as to the manner of conducting gynæcological examinations.

**Books Received.**—The following books were received during the past month, and will be reviewed in succeeding numbers of the JOURNAL:

The International Medical Annual and Practitioner's Index for 1891. Edited by P. W. Williams, M. D., Secretary of Staff, assisted by a corps of thirty-eight collaborators—European and American. 8vo., pp. 600. Illustrated. [New York: E. B. Treat. Price \$2.75.]

Manual of the Domestic Hygiene of the Child, for the Use of Students, Physicians, Sanitary Officials, Teachers, and Mothers, by Julius Uffelmann, M. D. Translated, with the Author's Kind Permission, by Harriot Ransom Milinowski. Edited by Mary Putnam Jacobi, M. D. 8vo., pp. 229. [New York and London: G. P. Putnam's Sons. 1891. Price \$1.75.]

A Dermatological Bibliography, compiled by George Thomas Jackson, M. D. 8vo., pp. 91. [New York: 1891.]

The Post-Graduate Clinical Charts. Designed for Use in Hospitals and Private Practice. Arranged and Published by Wm. C. Bailey, M. D., and J. H. Linsley, M. D. [New York: 1891. Price 20 cts., \$2 per doz., or \$5 per 100.]

Sexual Neurasthenia (Nervous Exhaustion). Its Hygiene, Causes, Symptoms and Treatment, with a Chapter on Diet for the Nervous, by George M. Beard, A.M., M.D. (Posthumous Manuscript). Edited by A. D. Rockwell, A.M., M.D. 8vo., pp. 282. Third Edition—with Formulas. [New York: E. B. Treat. 1891. Price \$2.75.]

Wm. R. Warner's Therapeutic Handy Reference Book for Physicians. 12mo., pp. 119. [Philadelphia: William R. Warner & Co. 1890.]

The Modern Antipyretics: Their Action in Health and Disease, by Isaac Ott, M. D. 8vo., pp. 52. [Easton, Pa.: E. D. Vogel. 1891.]

Electricity. Its Application in Medicine and Surgery, by Wellington Adams, M. D. Physicians' Leisure Library. Vol. I. 12mo., pp. 113. Vol. II., pp. 129. [Detroit, Mich.: George S. Davis. 1891. Price 25 cts. per volume.]

Plain Talks on Electricity and Batteries, with Therapeutic Index. For General Practitioners and Students of Medicine, by Horatio R. Bigelow, M. D. 12mo., pp. 85. [Philadelphia: P. Blakiston, Son & Co. 1891.

Medical Symbolism in Connection with Historical Studies in the Arts of Healing and Hygiene, by Thomas S. Szozinsky, M. D., Ph. D. 12mo. pp. 171. Illustrated. No. 9 in the Physicians' and Students' Ready Reference Series. [Philadelphia and London: F. A. Davis, 1891. Price, \$1.00.

Fever: Its Pathology and Treatment by Antipyretics. Being an Essay which was awarded the Boylston Prize of Howard University. July, 1890, by Hobart Amory Hare, M. D., B. Sc. 12mo. pp. 166. No. 10 in the Physicians' and Students' Ready Reference Series. [Philadelphia and London: F. A. Davis, 1891. Price, \$1.25.

The Diseases of Personality, by Th. Ribot. Authorized Translation. 8vo. pp. 157. [Chicago: The Open Court Pub. Co., 1891. Price, 75 cents.

Practical Notes on Urinary Analysis, by William B. Canfield, A. M., M. D. 12mo. pp. 93. The Physicians' Leisure Library. [Detroit: Geo. S. Davis, 1891. Price, 25 cents.

The Pocket Materia Medica and Therapeutics. A Résumé of the Action and Doses of all Official and Non-Official Drugs now in Common Use, by C. Henri Leonard, A. M., M. D. 12mo. pp. 300. [Detroit: The Illustrated Medical Journal Co., 1891. Price, \$1.00.

Practical Points in the Management of Some of the Diseases of Children, by I. N. Love, M. D. 12mo. pp. 141. Physicians' Leisure Library, [Detroit: George S. Davis, 1891. Price, 25 cents.

Sixteenth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the Fiscal Year ending June 30th, 1889. 8vo. pp. 324. [Lansing, Mich.: 1890.

P. Blakiston, Son & Co., the Medical Publishers of Philadelphia, announce for early publication, "A HANDBOOK OF LOCAL THERAPEUTICS," being a practical description of all those agents used in the local treatment of disease, such as Ointments, Plasters, Powders, Lotions, Inhalations, Suppositories, Bougies, Tampons, etc., and the proper methods of preparing and applying them. The work will form a compact volume of about 400 pages, arranged in a manner to facilitate reference, and containing, besides the usual index, a complete index of diseases, that will greatly enhance its usefulness.

**Pamphlets Received.**—The following pamphlets and reprints were received during the past month, and we take this opportunity of returning our thanks therefor: Mechanical

Obstruction in Diseases of the Uterus, by George F. Hulbert, M. D., (From *Medical News*, Dec. 20, 1890); Le Courant Continu en Gynécologie, publié par le Docteur Georges Gautier (Paris, A. Maloine, 1890); An Analysis of 118 Cases of Leprosy in the Tarntaran Asylum (Punjab) and on the Arrest and Cure of Leprosy by the External and Internal Use of the Gurjun and Chaulmoogra Oils, by the Hon. J. C. Phillippe, M. D., (communicated to the Epidemiological Society of London, Jan. 8, 1890, by Phineas Abraham, A.M., M.D., B.Sc., F.R.C.S.I.); Cuerpos Extraños en el Conducto Faringo-Esofágico, por el Professor Ramon de la Sota y Lastra, (Madrid, 1890); De la Hipertrofia de las Amígdalas, por el Professor Ramon de la Sota y Lastra, (Madrid, 1889); A Case of Successful Trephining for Subdural Hæmorrhage produced by Contre-Coup, by John Homans, M. D., and George L. Walton, M. D., (Reprinted from the *Boston Medical and Surgical Journal*, Feb. 12, 1891); Register of Vanderbilt University, 1890-91. Department of Pharmacy, Announcement, 1891-2;

Typical Uterus Bicornis—Living Seven Months Child Expelled from Left Horn. Laparotomy for Parovarian Cyst. Uturus Bicornis then Discovered. Recovery, by George Wiley Brome, M. D. (Reprint from the *Weekly Medical Review*, April 25, 1891.); Les Mesures Répressives à l'Égard des Vénériens autrefois—aujourd' hui par le Dr. F. Buret (Extrait du *Journal des Maladies Cutanées et Syphilitiques*, Feb. 1890.); Observations on the Importance of supplying Deficiencies in the Sugar Forming Ferments of the Digestive Fluid, with Especial reference to Glycosuria, by John B. Rice, M. D. (Reprint from the *New York Medical Journal*.); A Knowledge or a Time Requirement. A Plea for a More Rational System of Medical Legislation by Young H. Bond, M. D. (Reprint from the *Weekly Medical Review*, April 25, 1891.); The Chair of Surgery in Rush Medical College, by N. Senn, M. D. (Reprinted from *The Journal of the American Medical Association* April 25, 1891.); Royal Society of Canada Montreal Meeting, 1891. Hand-book for the Use of Members and Visitors; How Should Girls be Educated? A Public Health Problem for Mothers, Educators and Physicians, by William Warren Potter, M. D. (Reprint from *Transactions of the Medical Society of the State of New York*, 1890.); Register of Vanderbilt University 1890-91. Announcement 1891-92; Intra-Peritoneal Myo-Fibroma of the Rectum Weighing Twelve Pounds, Successfully Removed by Laparotomy, by N. Senn, M. D., Ph. D. (Reprint from the *Weekly Medical Review*, March 21, 1881.); Annual Announcement of the Long Island College Hospital, Brooklyn; Muscular Atrophies, a Clinico-Pathological Study, by William C. Krauss, M. D. (Reprint from the *Buffalo Medical and Surgical Journal*, April, 1891.); Annual Announcement of the Post-Graduate Medical School of Chicago; First Annual Report of

the Midwifery Dispensary, New York City, 1891; Contribution à l'Etude des Manifestations de la Syphilis sur les Tonsilles Pharyngée et Préépiglottique, par les Docteurs E. J. Moure et V. Raulin (Tirage à part de la Revue de Laryngologie, d'Otologie et de Rhinologie, Nos. six and seven 1891.); Proceedings and Addresses at a Sanitary Convention held at Alpena, Mich., July 10 and 11, 1890.

### Society Proceedings.

#### ST. LOUIS MEDICAL SOCIETY.

Stated meeting Saturday evening, April 18, 1891, the President, L. Bremer in the chair.

**Uterus Bicornis.**—Dr. Broome reported a case of uterus bicornis, followed by one by Dr. N. Guhman, on the same subject.

Dr. Bond said.—Doubtless malformations of the uterus and of the vagina often exist, and are not recognized. To this cause may be referred many cases of difficult labor in which the presentation is abnormal. It is very difficult to establish a positive and fixed form of deviation, for the reason that deviations proceed from either arrest of development, or from arrest of growth of the organ. The speaker said, two years ago he was called to deliver a lady, who had experienced great misfortune in losing her children. In making an examination, he found the child lying crosswise, and also a decided fullness in either iliac region; and the conclusion was enforced that this was a case of imperfect development or union, in which the fundus had failed to fill out as is normal, and thereby the proclivity to cross presentation was explained, for she had cross births in five labors proceeding the one in question. After the delivery of the child, and expulsion of the placenta, the uterus was carefully examined, and it was very easy to detect the development in either cornu, and the sulci, and also a depression where the fundus ought to be. The speaker thought that the explanation of the occurrence of repeated crossbirths or imperfect presentation was to be found in imperfect development of the uterus.

Dr. Coles said.—Cases of bicornate uteri present only two ovaries; and if pregnancy happens to take place in one horn of the uterus, suspension of menstruation would be almost as frequent, if not quite as frequent, as if there was but one cavity. It is true there are apparent exceptions; but if we consider the nature of those so-called menstrual flows, which take place under such circumstances, we would find they are not true menstruations, but simply a bleeding, such as occurs in extra-uterine pregnancy. If one cornu of the uterus is impregnated, there is a certain amount of developmental impulse extended to the others. In those cases where

we have heard reports of menstruation during pregnancy from a bicornate uterus, the speaker thought the bleeding is rather the result of a congested state of the mucous lining of the empty uterus ; such as we have in extra-uterine pregnancy.

Dr. Henske said it was supposed that ovulation went on with menstruation. If one horn of a bicornate uterus should become impregnated, that condition would not interfere with ovulation on the side, in which the impregnated cornu is located. Therefore we would expect in every case of pregnancy in one partition of the uterus, in case of double uterus, that menstruation and ovulation would go on in the other side. It is now thought that ovulation goes on in spite of pregnancy.

Dr. Bond rejoined.—It is quite well established that ovulation and menstruation are separate and distinct processes ; that ovulation goes on in connection, but not necessarily, with menstruation ; that at certain times ovulation and menstruation will occur simultaneously, though usually we have ovulation as the prior process, and not menstruation ; that has been undoubtedly proven by a number of laparotomies, in which the evidences of ovulation were present, and yet no menstruation had occurred.

Then too again pregnancies may occur in which no menstruation has preceded. The rutting period of the deer occurs only at that period of the year when conception, if it occurs, will be followed by delivery at a period of the year when the conditions of nutrition, the growth and development of the future offspring, will be subserved. This animal ovulates frequently during the year, and yet the capability of conception occurs only at a time when the function of reproduction should take place. The same thing is found in the sheep, and the mare. As an evidence that ovulation and menstruation are not necessarily related we may consider the experience of Mr. Tait, who found menstruation arrested only in thirty odd per cent. of cases, in which both ovaries had been removed, and, in some cases, not arrested at all, even when the ovaries, and the greater portion of the uterus had been removed, while in ninety-five per cent. of the cases in which the Fallopian tubes have been removed and the ovaries not touched, menstruation ceased. Arthur Johnson, of Kentucky, claims that he has discovered a large branch of a nerve passing in the broad ligament, between the body of the uterus and the Fallopian tube ; and it is believed that this is the nerve of communication, between the spinal center and the uterus, that regulates menstruation. This is the reason why Mr. Tait found that menstruation is arrested in so large a percentage of cases, where the tubes have been removed ; the nerve had been divided, and thus communication between the body of the uterus and the spinal center, which presides over menstruation, had been severed.

Dr. Coles said he admitted to be true all that Dr. Bond said, which is by no means new; but did not think that it explains why a common uterine cavity should not be, accompanied by menstruation, while a double uterus may be; except on the ground, that the horn of the uterus partakes of the general developmental impulse of pregnancy.

Stated meeting Saturday evening, May 2, 1891, E. H. Gregory, M. D., in the chair.

**Tuberculosis of Extremity.**—Dr. French said.—This specimen is a very correct illustration of morbid growths which sometimes necessitate amputation of extremities. A short time ago Dr. Dalton of the City Hospital, presented to the society pathological specimens, showing evidences of malignant growth in the liver, perhaps in the kidney and other organs of the body, and their malignancy was determined by microscopical examinations made by the President. The speaker had exhibited to the medical class at a clinical lecture at the city hospital the case alluded to. It was that of a negro, aged forty-three, who was suffering from a growth at the ankle-joint. While the question of malignancy was then discussed; and the question also arose as to the differential diagnosis between its probable character and tuberculosis, the man having a tuberculous history, we inclined to the diagnosis of tuberculosis. A short time after its removal, Prof. Summa, made a microscopical examination of the specimen, and pronounced it tuberculosis. Subsequent developments of disease terminated the man's life, and the specimens of the diseased parts were presented, with microscopical preparations, etc. The result of the examination and the preparations, induced Prof. Bremer to pronounce the case one of sarcoma. The specimen now presented revives a similar question. This patient resides in Franklin county, and a week ago last Tuesday the amputation was performd. He is aged fifty-three; his father and mother are both dead; his mother having died when about thirty-eight years of age of pulmonary consumption; his father met with an accident, while employed at a threshing machine, when sixty years of age, from the effects of which he lost his arm; his arm too was amputated at about the same place as in this instance. His father was found dead in bed when seventy years of age, eighteen or twenty years after the amputation of his arm. He had two sisters and three brothers, all of whom died, before they were thirty years of age, with consumption; one brother, however, may have attained the age of thirty or forty years. This man was the last survivor of the family. He never had any serious illness; no cough or involvement of the lungs, or serious injury of any kind. Twelve years ago, he had an attack of what was termed pneumonia, lapsing as was stated into a typhoid state; he recovered slowly and partially; to

make use of his expression, the next winter "he wintered badly," this is the only history of serious illness or injury of any kind. Two years ago last January, there appeared on the back of this man's hand a small wart-like growth; which extended from that time until that of the amputation. Of course, at first the growth was very small and apparently innocent, and he applied to sundry physicians for its cure, and obtained a variety of ointments, and other preparations for the purpose of removing it. About eighteen months ago he went to some advertising physicians, applied a caustic, which seemingly removed, not only the growth itself, but the surrounding structures; the irritation seemed to transcend the growth, and developed with increased vigor, constantly spreading deeper into the tissues. Since the holidays this man was conscious of losing ground; his health became greatly impaired, has been more or less nervous and suffered from general debility; his appetite was poor; was not specially emaciated, but he did not feel at all comfortable. This operation was performed twelve days since and the stump has now entirely healed. Upon examining the axilla no enlargement of the glands was found, but the lymphatics above the elbow were indurated, and a tumor was found, as large, perhaps, as a hen's egg. This was excised and the wound healed kindly. The impression was enforced, that these glandular structures were impregnated with the virus of the disease, though they were not tender, and seemed to be due entirely to inflammatory action. Now is this a case of tuberculosis, or of epithelioma? The speaker was decidedly of the opinion that it was one of epithelioma, beginning in the soft structures and then extending to those that were deeper, with the results as here exhibited. The specimen has not yet been examined microscopically.

Dr. Dickinson said he did not propose to discuss this question, but simply wished to detail a part of conversation had with Dr. Bremer about the former case. Having mentioned to him that Prof. Summa had examined the specimen and pronounced it tuberculous, the doctor rejoined that was possible, for it might be both; different portions of the same organ might present different microscopical appearances.

Dr. Johnston said.—It was formerly held that it was not possible for tuberculosis and cancer to exist in the same patient, but according to Dr. Dickinson, that is now held to be possible. The microbe theory has control of the medical world, and everything is attributed to microbes. The speaker sincerely hoped the microbe theory may be demonstrated to be correct, for then we can say to our patients with confidence your disease is due to this or to that cause.

**Phenacetine.**—Dr. C. O. Curtman said a few days ago he received a communication from Dr. Ludwig Reuter, of Heidelberg, announcing that a very dangerous impurity had been

discovered in phenacetine, which is now being so very much used, and also communicating an easy mode for its detection. The impurity is a residuum in the process of manufacture. One of the stages through which phenacetine, the finished preparation, has to pass, is that of paraphenacitidine, and this appears to be a very powerful poison, producing inflammation of the kidneys. A number of cases had been observed in the clinics of that town, and in other parts of Germany, during the prevalence of influenza, when phenacetine was much used, and in which very severe symptoms had occurred. It is peculiar to the preparation manufactured by the Baker Color Works. It is the result of the imperfect conversion of the paraphenacitidine into phenacetine, by means of acetic acid, which completes the process ; and the residuum is sufficient to make it of very grave importance, it being a very dangerous impurity. It is easily discovered by placing a small quantity of chloral hydrate in a test tube, melting it at the heat of boiling water, and then adding one-fifth of phenacetine to it ; if it is pure, the mixture will remain colorless, forming a diffused mass ; if it is impure, if it is phenacitidine, it will become of a purple color, passing from red into blue within a very short time—a half minute being sufficient to develop the color.

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### Melange.

**Count Mattei's Cancer Cure.**—A correspondent of the *National Review* printed in London calls the Count a "quack" and says : This modern resuscitation of a former Cagliostro is a serious thing to contemplate, but perhaps not remarkable in an age wherein panaceal pills are swallowed literally by the ton, and soap has obtained an apotheosis. It may well make an advocate of education pause to contemplate these evidences of reverisions to the more primitive types of the Middle Ages and to cry *cui bono* to all his efforts ! Mr. A. Stokes, public analyst to Paddington Green and St. Luke's, has analyzed Count Mattei's "elettricitica," and finds it contains nothing but water ! Mr. Stokes carefully examined three samples of medicine chemically, physically and microscopically. They were labeled "elettricitica blanca," "elettricitica verde," and "elettricitica rosa." He writes: To find if they possessed any special electrical properties, they were placed singly in thin glass tubes ; these tubes were suspended by silk filaments. Under such circumstances, an electrical body would point one end to the north and the other to the south. Not one of these came to rest in such a position ; neither were any of them attracted by a magnet, as an electrical body would be. Hence, they certainly are not electrical. To delicate test paper they were perfectly neutral. Vegetable extracts are usually either alkaline or acid. Even if neutral when fresh they speedily change. The microscope

showed an absence of any floating particles or sediments, such as are usually present in vegetable extracts. There is but one substance, which possesses all the above qualities—that is water. None of these fluids were found to differ at all from water in any of their qualities.

In connection with this we may mention what the *Medical Press* published some time ago and which is as follows:

Monkeys have a keen sense of imitation and are always prone to copy their masters' movements whenever fancy strikes them. Seldom, however, is it that a monkey has proved itself useful by such an undesirable propensity. Yet one of these inquisitive creatures has, we understand, recently performed a feat in the matter of medicine-taking, and by so doing has earned for itself a reputation which deserves recognition. This is how it was: A practitioner erreently received a box of Count Mattei's medicines, and one of his children gave it to a tame monkey in the house. The animal very soon broke open the box, and taking a phial of anti-canceroso, which he used for a cure for leprosy, swallowed 750 globules besides some other fever mediaines. The proper method of taking the anti-canceroso is to dissolve *one of the globules in a quart of water*, and the dose is a teaspoonful at a time. The monkey, however, is not only quite well, but as lively as ever, and must now be impervious to leprosy. Clearly, if the monkey had been able to read he would have been more discreet with Count Mattei's remedies, but as no harm happened to him, the presumption is that the remedies are harmless however they are taken.

**Congress of American Physicians and Surgeons.**—The meeting of the Congress of American Physicians and Surgeons will be held in Washington from 3 to 6 p. m., September 22, 23, 24, and 25, 1891. William Pepper, Chairman of Executive Committee.

**Municipal Indiscretion.**—The municipal authorities in Paris recently sold as waste paper to tradesmen a quantity of documents relating to the causes of death of persons (whose names were given in full) who died as lately as 1873. A good many unpleasant secrets have thus been made public which certainly ought to have been considered, for a much longer period at least than eighteen years, as sacred.

**Michigan State Medical Society.**—The twenty-sixth annual meeting of the members of the Michigan State Medical Society, will be held in Saginaw, Thursday and Friday, June 11 and 12, 1891, at Germania Hall, a building so situated as to be readily reached from all principal hotels by electric cars, and sufficiently commodious to accommodate the work of the General Sessions, the Committees and all of the Sections.

The Tennessee State Medical Society held its annual meeting last month and the following officers were elected for

the ensuing year: President, Dr. J. W. Penn, Humboldt; Vice-President for Middle Tennessee, Dr. J. A. Witherspoon, Columbia; Vice-President for East Tennessee, Dr. C. E. Ristine, Knoxville; Vice-President for West Tennessee, Dr. C. H. Lovelace, Dukedom; Secretary, Dr. D. E. Nelson, Chattanooga; Treasurer, Dr. J. P. C. Walker, Dyersburg; place of meeting, Knoxville, second Tuesday in April, 1892.

**Officers of the American Medical Association.**—The following officers were elected for the ensuing year: President, H. O. Marcy, of Boston; First Vice-President, Willis P. King, of Missouri; Second Vice-President, Henry Palmer, of Wisconsin; Third Vice-President, W. E. Davis, of Alabama; Fourth Vice-President, W. E. Taylor, of California; Secretary, William B. Atkinson, of Philadelphia; Treasurer, Richard J. Dunglison, of Philadelphia; Librarian, George W. Webster, Chicago; Trustee, W. W. Dawson, of Cincinnati, W. W. Potter, of Buffalo, and J. H. Rauch, of Illinois. The next meeting will take place at Detroit, Michigan, the first Tuesday in June, 1892. Dr. Cain, of Tennessee, was chosen to deliver the Address on General Medicine. Dr. Hamilton, of the U. S. Marine Hospital Service on Surgery, and Dr. Lindsley, of Connecticut, on State Medicine.

**A Rare Accident.**—It is on account of its rarity that we reproduce the following from the *Medical News*: On April 18 Rev. Dr. Bothwell, of Brooklyn, while withdrawing the cork from a medicine bottle was suddenly seized with a fit of laughing during which, in an effort at inspiration, the cork was drawn into the trachea. The presence of the foreign body immediately caused a severe attack of coughing accompanied by marked and very painful dyspncea. Several attempts were made to dislodge the cork without success, and on the day following the accident the patient was removed to the Brooklyn Hospital, where tracheotomy was performed with the intention of removing the cork through the wound. It was found, however, that it had been drawn down deeply into the bronchus, and all efforts to remove it were futile. A delicately-made probang-like instrument, concealing within it a small corkscrew, was inserted into the bronchus, and an attempt to dislodge the cork in this manner also proved of no avail. It was suggested that if the ribs over the site of the cork were removed the bronchus might be opened. The condition of the patient, however, would not admit of this operation, and he died on May 3 of exhaustion.

Foreign substances in the upper part of the trachea are not uncommon accidents, but there are not many cases on record where so large a body as a cork has been drawn down so deeply into the bronchus as in this case.

The Missouri State Medical Association held its annual meeting at Excelsior Springs May 19, 20 and 21, last. While quite a number of papers were presented, medical legislation

[June,

occupied a great portion of the time of the Association. The first day was almost entirely devoted to a hot and, at times, bitter debate upon the question as to whether the Association should pass a resolution recommending the State Board of Health to enact an obligatory requirement of three terms of lectures in medical colleges. On the second day the resolution finally came up and was decided in the affirmative by quite a large majority. This constituted the feature of the meeting.

Quite a number of papers were presented, one of the most noteworthy features in connection with them being that they were much above the average of the papers heretofore read before the Association.

The election of officers for the ensuing year, which took place on the morning of the third day, resulted as follows: President, T. F. Prewitt, of St. Louis; First Vice-President, E. A. Dulen, of Nevada; Second, Tinsley Brown, of Hamilton; Third, P. Paquin, of Columbia; Fourth, T. E. Potter, of St. Joseph; Fifth, O. H. Highsmith, of Carrollton; Recording Secretary, A. Berger, of Kansas City; Assistant, Frank R. Fry, of St. Louis; Corresponding Secretary, J. P. Duncan, of Kansas City; Treasurer, C. A. Thompson, of Jefferson City. Perle Springs was selected as the place of holding the next annual session.

### Local Medical Matters.

**Commissions on Prescriptions** as well as some other allied subjects, is the text of an address delivered at the opening of the twenty-first annual meeting of the Medical Society of the State of California. The address is published in the *Occidental Medical Times* and from this we learn that in St. Louis the practice of collecting commissions on prescriptions is very limited, the per cent. paid varying from ten to fifty. This is not bad. In San Francisco one-third to one-half of the physicians indulge in the practice, their "rake-off" being from thirty-five to seventy-five per cent. The Local Medical Society of that place has dealt with the matter unsuccessfully as there were too many of its members involved. In Chicago it is said to be common. We do not know who furnished the data in regard to St. Louis, but we are pleased to note that the practice is reported as being a limited one.

The St. Louis Surgical Society was granted a *pro forma* decree of incorporation May 12, last. This is a move in the right direction as there seems to be such a large number of surgeons in this city that it is a difficult matter for them to obtain the time and opportunity which their work demands so far as presenting the results before the existing medical societies is concerned. In addition to this it will give the non-surgical members of societies more opportunities to discuss matters more purely medical in their nature.

### Miscellaneous Notes.

**Grammatical.**—Teacher—"In the sentence, 'The sick boy loves his medicine,' what part of speech is love?" Johnny—"It's a lie, mum."—*The Medical World*.

**Wyeth's Beef Juice.**—It is seldom that a dietetic preparation so thoroughly agreeable as Wyeth's Beef Juice is put upon the market. It is decidedly the most palatable beef extract which we have ever examined. For its preparation nothing is required except the addition of a teaspoonful of the beef juice to about half a glass of cold water; and this makes it very convenient for administration. As compared with such preparations as Valentine's beef, it is very superior in nutritious quality, and we think that no one who has used that will regret it if he puts Wyeth's Beef Juice in its place.

**Directions.**—In cases of debility, nervous prostration, convalescence, etc., one-half to one teaspoonful in a half tumblerful of iced or luke-warm water.

**Caution.**—As the valuable albuminous elements are rendered insoluble by extreme heat, this preparation should only be mixed with iced or luke-warm water, and never with water at the boiling point.

**He was not Built that Way.**—“Is the doctor in?” asked a tramp at the door of an Arch Street physician. A few minutes later an oldish female came to the door. “I just wanted to see if the doctor wouldn’t give me a pair of his old pants,” said the tramp. “I’m the doctor,” replied the lady. The tramp had several attacks of vertigo as he dropped down the steps.

**Campho-Phenique.**—J. Edwin Michael, M. D. Professor Clinical Surgery University of Maryland, says:

“I have convinced myself that Campho-Phenique is a very valuable remedy, and always keep a supply of it in my office. I use it constantly and with great satisfaction, as an antiseptic stimulating application to ulcers, venereal and other, and for the treatment of abrasions, bruises and cuts. I have had severe lacerated wounds heal up by the first intention under its beneficent influence. It is also very valuable, in varying proportions, as an ointment, especially where itching is to be combated.”

**Scientific Zeal.**—Rev. Mr. Whiteband.—“Ah! my dear young friend, I am glad to see you display such zeal in the fields of science. That is your microscope under your arm, I suppose?”

**Bobby Short.**—“Yes, sir; an’ this book contains the London prize-ring rules. We are all going down to Tommy Tart’s, an’ Jimmie Jones is going to bring over his bacillus to fight Tommy’s microbe to a finish—an’ I’m referee. Good-bye, sir.”

In the past four or five years of my practice, I have found Peacock's Bromides, a most excellent preparation. Used it with most gratifying results in cases of spasms, nervousness, etc. It is an excellent remedy for headache. I cannot get along without it.

Hartford, Kans.

R. ROBBINS, M. D.

**A Difference.**—The doctor was asked.—Why should you avoid prescribing castor-oil for wealthy patients? He gave it up. Because it is only used for working people was the explanation.

#### Summer Disturbances of Children.—

R. Bismuth Sub. Nit.....	½ drachm.
Tr. Opii.....	20 drops.
Syr. Ipecac	
Syr. Rhei Arom.....	2 drachms.
Listerine.....	½ ounce.
Mist. Creta.....	1 ounce.

M. Sig.: Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.

D. J. ROBERTS, M. D., in *Southern Practitioner*.

**Presence of Mind.**—The morning after the recent snow storm, a big policeman walked into the W. R. U., and said: "Too much snow in front of your building. Who looks after the paths?" "They will be attended to," answered a quick-witted student, "just as soon as the pathology professor gets here." "All right," said the blue-coat, and walked away perfectly satisfied.

"The Great Food for the Strumous is Fat" (Fothergill).—The treatment of scrofulous and tuberculous affections by fat has stood the test of time and holds its ground as firmly as ever.

Proteinol in all scrofulous cases must be given liberally, about one tablespoonful every three hours to adults, a teaspoonful to a dessertspoonful to children. Granular conjunctivitis. Children with sore eyes—blepharitis—sores, and swollen glands, uric acid deposited in crystals in the chamber utensils, sour acid perspirations, softening of the bones, curvatures, rachitis, hip-joint disease, are wonderfully benefited by teaspoonful doses of Proteinol, three or four times a day. Do not let a strumous mother nurse the child—hand-feed, allow it plenty of fat, by giving Proteinol generously. The fairy-looking child, of an irritable nervous system, with the mind precocious but the mental powers soon exhausted, may look beautiful, but to develop into a strong adult, the greatest care as to diet is necessary, and a judicious use of Proteinol should be begun as early as possible.

**A Scientific Explanation.**—Two men occupied in sweeping out a laboratory. "Charles," said one of them, "why does water make such a noise when it is thrown on the fire?" Charles (without hesitation): "Oh, I expect its the microbes a-hollering!"—*Chemist and Druggist*.

**Abortion.**—The treatment of abortion is a subject of great importance, because it is one which is always with us, and the careful handling of the case often saves the patient from long and troublesome as well as dangerous sickness. Of great interest to me is a case which happened recently in my practice. I was called to see a woman who was seven months pregnant with her third child. She was suffering from pains and seemed to be on the verge of aborting. I prescribed Dioviburnia made by the Dios Chemical Company, of St. Louis, in doses of a dessertspoonful four times a day. The threatened abortion passed off and I was not again sent for until a month elapsed, when I found her in the same condition as before, suffering very much pain. She begged me for the medicine which had done her so much good on a former occasion, which I gave her in the same dose with a like result. On delivering her at full term of a fine boy, she volunteered the confession that she had, on both occasions mentioned, made desperate efforts to produce an abortion, and only sent for me when her sufferings became unbearable. I have also had marked results from this remedy in other cases, but the one here presented is of the most interest. I shall continue its use further.

**A Solemn Warning.**—There are physicians who forget that their patients are not as well posted in medical lore and usages as they might be. A young doctor of this city recently became aware of this fact, when he received a note from an out-of-town patient, the substance of which we have endeavored to preserve in rough rhymes. It should prove a solemn warning to all doctors who fail to make simple things clear to the mind of the ailing wayfarers. Here it is!

" Dear Doctor :

Life has renewed its glories,—  
I thought I'd have to die,  
But I ate them s'positories,  
An' I want a fresh supply!"

**S. A. McMurray, M. D., Marion, Ohio says.**—I used Aletris Cordial with very good results, in the case of Mrs. ——, aged twenty-three. Since the birth of her child, five years ago, she has been in a very poor state of health. At the time I saw her she was very much reduced. She also, since the birth of her child, had suffered with dysmenorrhea of a most severe type, the pain beginning three or four days before the appearance of the menstrual flow and lasting until one or two days after, its appearance being so severe as to confine her to her bed. She was also very nervous, had not much appetite, and did not sleep well. I ordered one teaspoonful of Aletris Cordial, three times daily, beginning one week before the appearance of the menstrual flow, and continuing for two weeks, then to discontinue its use until a week before the next period. In conjunction she also took one teaspoonful of Celerina, one hour after each meal, as I thought it would be beneficial on account of

her nervous condition. I began to notice improvement in a short time, and at the next menstrual period there was little pain. From that time on there was marked improvement until at the end of two months she was free from pain at the catamenial periods. The nervous phenomena improved, as did also her appetite, until she is now, according to the statement made me yesterday, in better health than she has been for six years. . . .

**Internal Prophylaxis.**—"Why, Pat, for Heaven's sake, what is the matter?" "Well, sorr, I swallowed a pertater-bug; and although sorr, I took some *Parrus-green* within five minutes after, ter kill th' baste, shtill he's just raisin' th' devil inside o' me, sorr."

**Itching of Anus and Genitals in Women:**—

R Linseed Oil (raw).....	4 ounces.
Kennedy's Ext. <i>Pinus Canadensis</i> .....	2 ounces.
M. Sig.: Apply two or three times a day.	

**Patient**—"Great Heaven, young man, that's pretty strong medicine!"

**Young Doctor**—"Yes, it's very powerful! Sometimes it cures and sometimes it kills."

**Patient**—"Well—I say—here, young man, is there any danger in my case?"

**Young Doctor**—"I can't tell for an hour yet, Mr. Moneybags. Now, calm yourself."—*Judge*.

TRENTON, N. J.. Feb. 22, 1190.

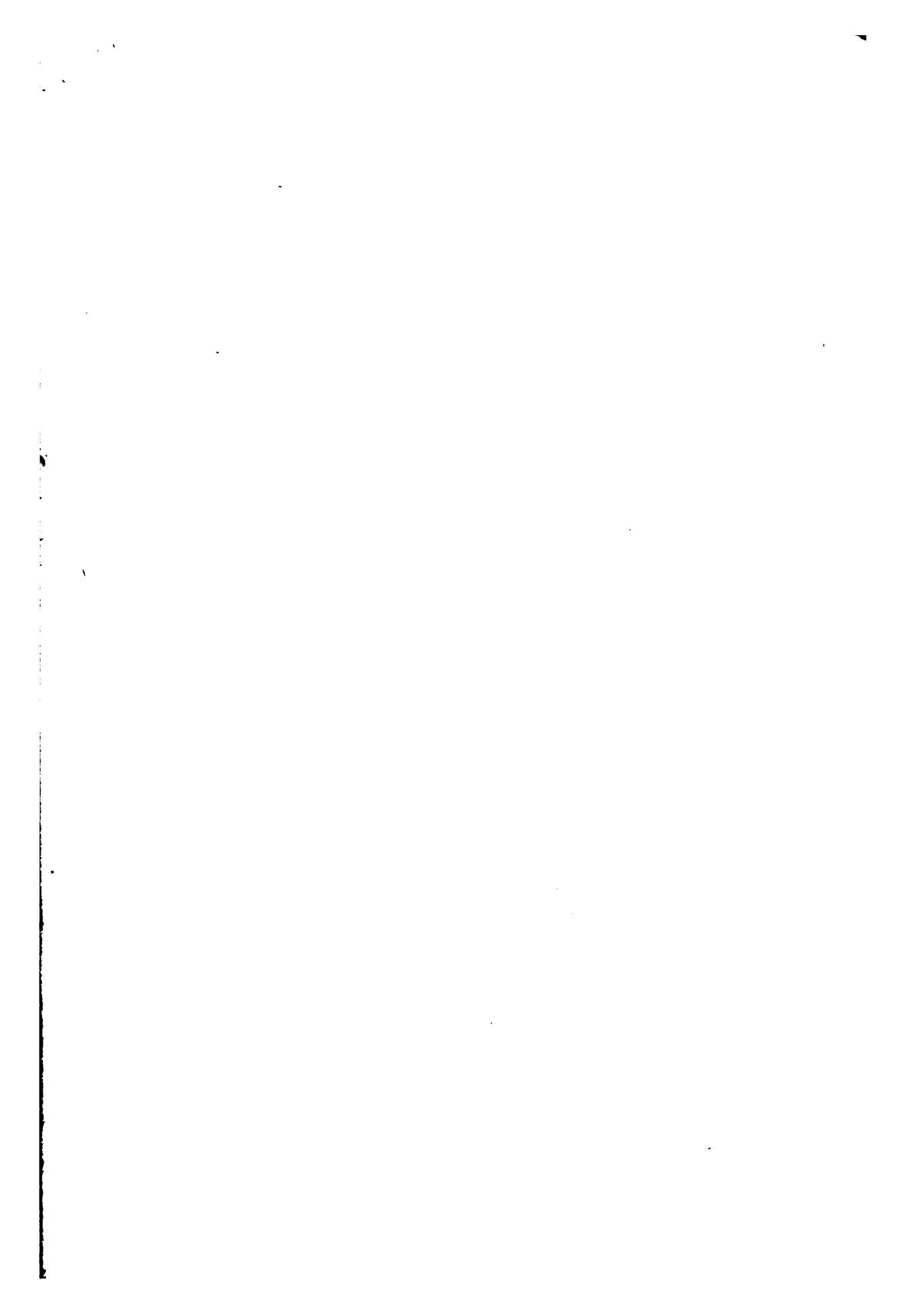
February 12th I was called to visit a young man aged 22 years, suffering from headache and malarial neuralgia. I commenced at once giving the Febricide Pills, one every three hours, taking in all eighteen pills. He was cured in three days and his sleep was sound and refreshing, which had not been the case before taking the pills.

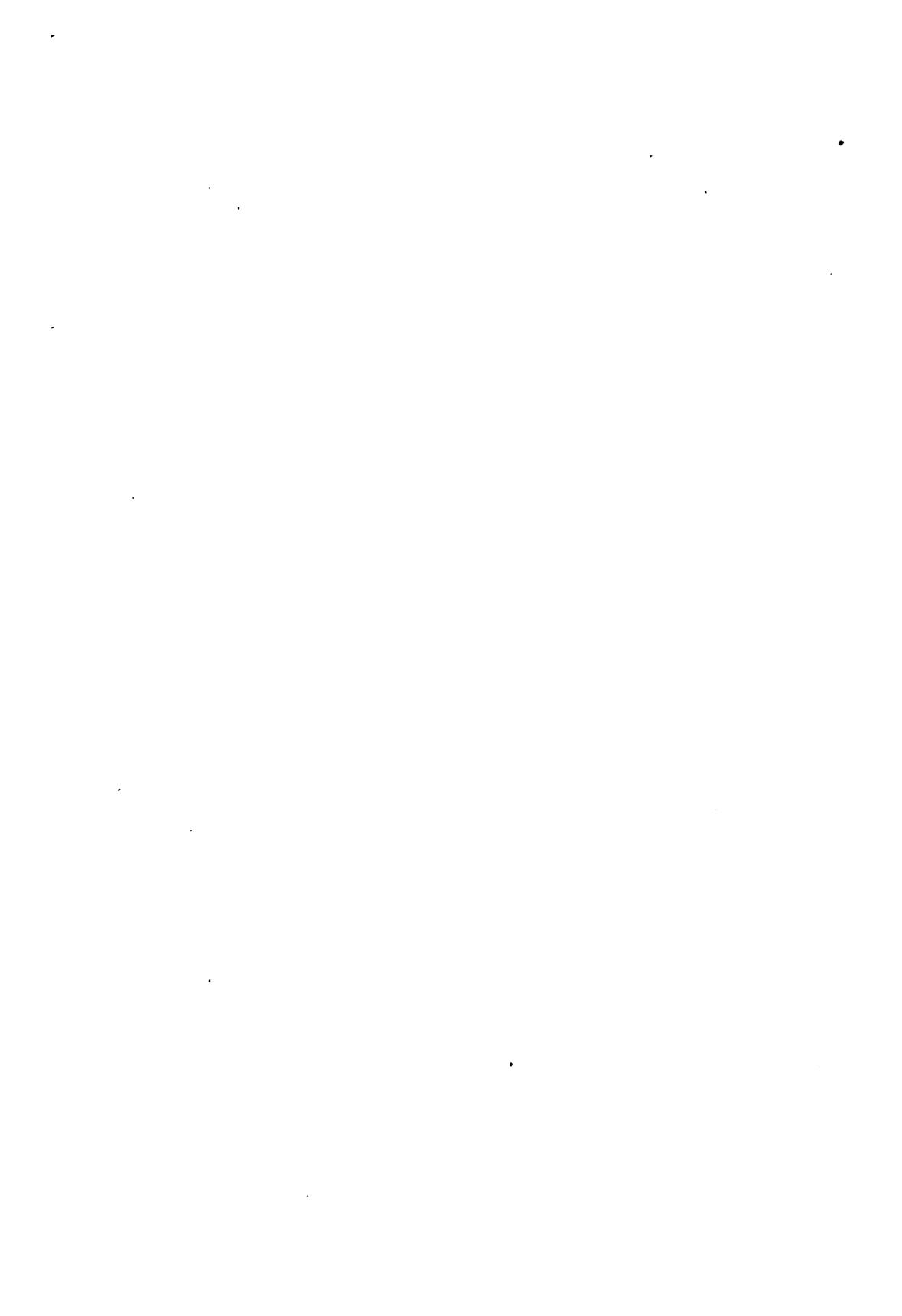
W.M. B. VAN DUYN, A.M., M.D.

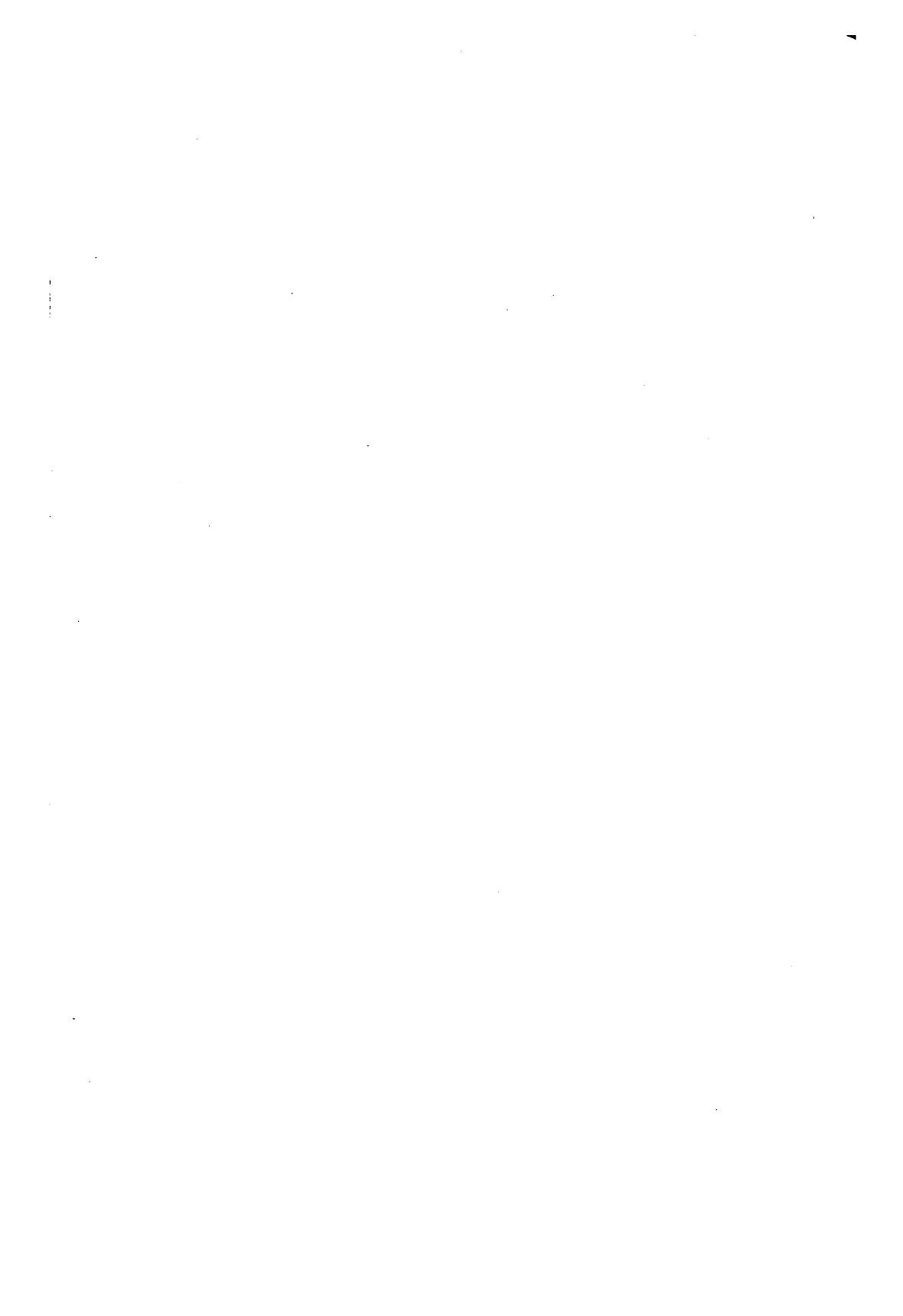
**High-priced Doctor.**—"You are now convalescent, and all you need is exercise. You should walk ten, twenty, thirty miles a day, sir, but your walking should have an object."

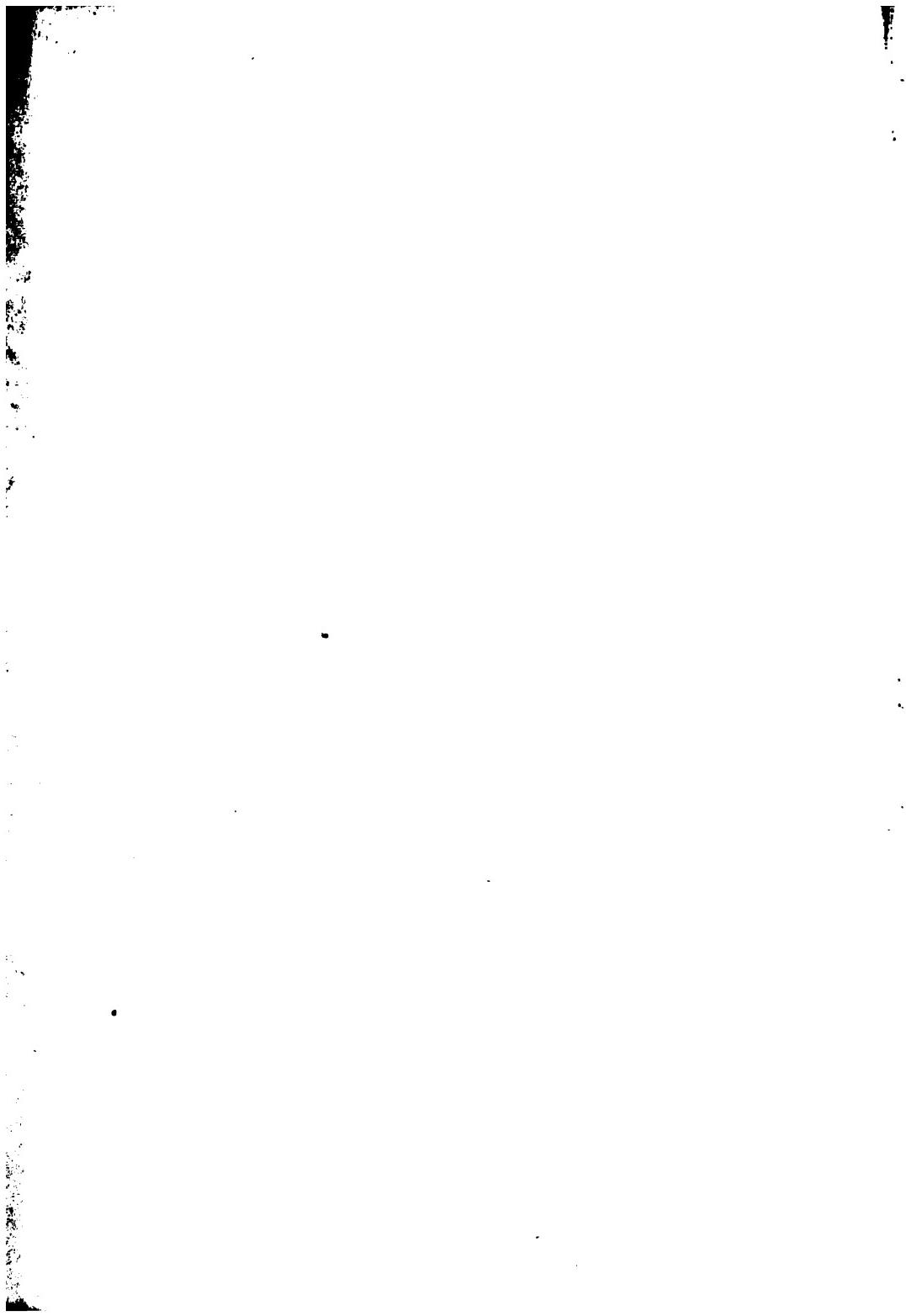
**Patient.**—"All right, doctor. I'll travel around trying to borrow enough to pay your bill.—*New York Weekly*.

**Habitually Moist Feet.**—This is found most frequently in such persons as live well and take little exercise. Also in young women of a somewhat nervous temperament, who indulge in the pernicious habit of frequent tea-drinking. Aside from its unpleasantness, the danger attending on wet feet is acknowledged, and it is also not rare for persons so affected to have their feet and legs icy cold for long periods of time. In the editor's experience, the best results of treatment have been obtained from the employment of foot-baths of a strong solution of Extract of *Pinus Canadensis* (Kennedy's) every night, and the use of powdered boracic acid or salicylic acid, mixed with lycopodium, oxide of zinc, or other inert powder, constantly applied inside the stockings.—*Dr. Jamison's Periscope in Edinburgh Med. Jour.*









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